EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING MANAGEMENT OF MINOR AILMENTS DURING PREGNANCY AMONG PRIMI MOTHERS ATTENDING PRIMARY HEALTH CENTRE IN SAMAYANALLUR AT MADURAI

M.Sc (NURSING) DEGREE EXAMINATION

BRANCH III–OBSTETRICS AND GYNAECOLOGICAL NURSING

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MASTER OF SCIENCE IN NURSING

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Each one prays to God according to his own light

- **MAHATMA GANDHI**

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ABSTRACT

Title: Effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary Health Centre in Samayanallur at Madurai. **Objectives:** To assess the level of knowledge regarding management of minor ailments during pregnancy among primi mothers.To evaluate the effectiveness of video assisted teaching regarding management of minor ailments during pregnancy among primi mothers.**Hypotheses:**There is a significant difference between the pretest and post test level of knowledge regarding management of minor ailments during pregnancy among primi mothers. There is a significant association between level of knowledge regarding management of minor ailments during pregnancy among primi mothers with selected demographic variables. **Conceptual framework:** Daniel.L.Stuffle Beam's Modified CIPP Model. **Methodology:** Quantitative approach, Pre experimental- One group pretest posttest design. The study was conducted in Primary Health Centre, Samayanallur. 60 primi mothers selected by consecutive sampling technique was given pretest by using Structured knowledge questionnaire. Video assisted teaching regarding management of minor ailments during pregnancy was given for 20 minute in morning for four consecutive days. Posttest conducted on eighth day after the end of last session. **Results:** The findings revealed that the mean pretest level of knowledge increased from 7.87 to 24.43.The obtained't' value was 35.14($p<0.0001$).There was a significant association between level of knowledge with demographic variables such as age and educational status. The study **concluded** that video assisted teaching was effective in increasing the knowledge of primi mothers regarding management of minor ailments during pregnancy.

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CHAPTER- I
INTRODUCTION

The life of mother is life of child. You are two blossoms on a single branch.

-Karen Maezen Miller

There is such a special sweetness in being able to participate in creation.

-Pamela.S

Pregnancy is a process that invites you to surrender to unseen force behind all life

-Judy Ford

Womanhood is the period in a female's life after she has passed through childhood and adolescence, generally around the age 18. The word *woman* can be used generally, to mean any female human, or specifically, to mean an adult female human as contrasted with *girl*. The word *girl* originally meant "young person of either sex" in English. It was only around the beginning of the 16th century that it came to mean specifically a *female* child. The term *girl* is sometimes used colloquially to refer to a young or unmarried woman, however during the early 1970s feminists challenged such use because the use of the word to refer to a fully grown woman may cause offence.

The reproductive period of a woman begins at menarche and ends in menopause. It usually extends from 13-45 years. While biological variations may occur in different geographical areas, pregnancy is rare below 12 years and beyond 50 years.(DC Dutta)

Pregnancy is not just a matter of waiting to give birth. Pregnancy is a long and very special journey for the woman. It is often a defining phase in woman's life, can be joyful and pleasant experience. It can also be one of misery and suffering

for few. Pregnancy may be natural but it does not mean it is problem free. During pregnancy there is progressive anatomical, physiological and biochemical change not only to genital organs but also to all systems of the body. This is principally a phenomenon of maternal adaptations to the increasing demands of the growing fetus. Unless well understood, this physiological adaptations of normal pregnancy can be misinterpreted as pathological.

During pregnancy many minor ailments occur due to anatomical, physiological and biochemical changes. Nausea and vomiting specially in the morning, soon after getting out of bed, are usually common in primigravidae. They usually appear following the first or second missed period and subside by the end of first trimester.50% women have both nausea and vomiting, 25% have nausea only and 25% are unaffected.

Backache is a common problem (50%) in pregnancy. Physiological changes that contribute to backpain are joint ligament laxity, weight gain, hyperlordosis and anterior tilt of the pelvis. Other factors may be faulty posture and high heel shoes, muscular spasm, urinary infection or constipation. At some point during their pregnancy, many pregnant women report back discomfort. Most authors have reported an incidence rate of approximately 50% (Berg, Hammar, Moller-Nielsen, Linden, & Thorbald, 1988; Melzack & Belanger, 1989; Orvomaa, Hiilesmaa, Poussa, Snellman, & Tallroth, 1997). For too long, back pain/discomfort in pregnancy has been viewed by many as “normal” and to be “expected” in pregnancy (Fast et al., 1987).

Constipation is a quite common ailment during pregnancy. Atonicity of gut due to effect of progesterone , diminished physical activity and pressure of gravid uterus on the pelvic colon are the possible explanations.

Leg cramps may be due to deficiency of diffusible serum calcium or elevation of serum phosphorous. Supplementary calcium therapy in tablet or syrup after the meals may be effective.Massaging the leg,application of local heat and Vitamin B1 (30 mg) may be effective.

Heartburn is another common discomfort during late pregnancy, as the internal organs, including the stomach, have less space due to the large developing fetus, and because the pregnancy hormones slow down digestion. It can be experienced earlier in pregnancy, but as the hormone levels rise and pressure on the stomach increases, usually so does the incidence of heartburn. Heartburn is just another term for indigestion, usually experienced as a burning sensation that starts in stomach and rises to the throat.Hiatus hernia which is common during pregnancy can also produce heartburn specially when the patient is in lying down position.

Also, during the last trimester of pregnancy there are a number of other symptoms/discomforts that are common, as the body gets heavier and circulation is more difficult in the body. One of these discomforts is the swelling of the feet and ankles. Excessive fluid retention as evidenced by marked weight gain or evidence of pre eclampsia has to be excluded. No treatment is needed for physiological oedema or orthostatic oedema.Oedema subsides on rest with slight elevation of limbs.

Varicose veins in the legs, vulva or rectum may appear for the first time or aggravate during pregnancy usually in the later months.It is usually due to obstruction

in the venous return by pregnant uterus.For leg varicosities ,elastic crepe bandage during movements and elevation of limbs during rest can give symptomatic relief.Specific therapy is to be avoided.Varicosities usually disappear following delivery.

Haemorrhoids, also called piles, are swollen veins around the anus that can be itchy, feel sore and make it uncomfortable to go to the toilet. In pregnancy they are caused by hormones that encourage your veins to relax, and by the increased pressure on your pelvic blood vessels. In different studies, the prevalence of anorectal diseases (hemorrhoidal diseases and anal fissure) and constipation in the third gestational period was reported 11% to 38% .Thus, using therapeutic measures without any side effects for the mother and the fetus are clinically important.

These minor ailments become complicated and affect the health of the mother and fetus if it is not managed properly. Providing information to pregnant woman does not require an equipment or machinery but an efficient midwife educator and the willingness to listen and follow instructions and their awareness makes pregnancy safer to have safe mother and childbirth.

If mother have adequate knowledge , complications can be prevented. To achieve and maintain health is increasingly valued as an individuals responsibility. Promotion of health, prevention of illness , early detection of complications taking proper precautionary measures and self care practices are expected to be performed on their own behalf. Enhanced learning needs, better knowledge and positive attitudes improve the self care practices of mothers.

1.1NEED FOR STUDY

"Thousands of women could be saved each year if they had access to skilled care during pregnancy and child birth, and access to emergency obstetric care. Most of the interventions they need are simple, affordable and highly effective"

- ***"Dr.Lee Jong Wook"***

Good health is one of the most important ingredients for a happy and productive life. And yet many people donot have access to health care and live in conditions that spread disease.

- ***Robert Alan Silverstein***

In health there is freedom. Health is the first of all liberties.

- ***Henri Fredrick Amiel***

The proud moment in the life a woman is when she become pregnant.Every pregnancy is a unique experience for the women and each pregnancy that the women experience will be new and uniquely different. Pregnancy is a long and very special journey for the woman. Pregnancy is a time of dramatic transitions. Body systems that once sustained a single human now support two. Organs, blood vessels, body chemistry, and even the solid supporting structures of a woman's body all go through changes; in the meantime, the fetus's body grows from a tiny bundle of cells to a full-sized baby.

Reproduction though considered to be an usual process in the life of a women, is stressful and can lead to the risk and threats in reproductive age group women unless, appropriate measures are taken in time, it may reach its peak and endanger the life of mothers.

In any community, mothers and children constitute a priority group. In India, women of the child bearing age (15- 44 years) constitute 19% and children under 15

years of age about 40%, the total population of about 100 million. By virtue of their numbers, mothers and children are the major consumers of the health services of whatever form.

Mothers and children not only constitute a large group, but they are also a "vulnerable" or special risk group, the risk is connected with child bearing in the case of women.

Nausea and vomiting are troublesome symptoms in the first trimester of pregnancy. Nausea and vomiting generally improves around the 16^{th} week of pregnancy, but it can become life threatening if not properly managed. Compare to nausea and vomiting, heart burn is most troublesome at about 30^{th}-40^{th} week of gestation. Constipation is another quite common ailment during Pregnancy. Cramp which is a sudden gripping contraction of the calf muscle frequently occurs during the third trimesters of pregnancy. All these can be managed if mothers have adequate knowledge about the remedies.

Shaheen kausar (2006) conducted a study to determine the frequency of backache, its causes and to assess the efficacy of various treatment modalities used for the management of backache in pregnancy. The location of the study was outpatient department of obstetric services, Jinnah Hospital, Lahore. Patients attended to the antenatal OPD during February 2004 were asked about history of backache. A further information was obtained from patients who had history of backache. A total 918 ladies with complete data were recruited. Four hundred and thirty-two (47.05%) reported one or more significant episodes of back pain during their pregnancy. Of these 96 (22.22%) noted ongoing back pain at the time they became pregnant leaving a true incidence rate of 36.60%.

Throughout human history pregnancy and child bearing have been major contributions to death and disability among women.Maternal mortality or maternal death is defined by WHO as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Maternal mortality is unacceptably high. About 800 women die from pregnancy- or childbirth-related complications around the world every day. In 2013, 289 000 women died during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented.(**WHO**)

Improving maternal health is 1 of the 8 Millennium Development Goals (MDGs) adopted by the international community in 2000. Under MDG5, countries committed to reducing maternal mortality by three quarters between 1990 and 2015. Since 1990, maternal deaths worldwide have dropped by 45%.

However, between 1990 and 2013, the global maternal mortality ratio (i.e. the number of maternal deaths per 100 000 live births) declined by only 2.6% per year. This is far from the annual decline of 5.5% required to achieve MDG5.

The high number of maternal deaths in some areas of the world reflects inequities in access to health services, and highlights the gap between rich and poor. Almost all maternal deaths (99%) occur in developing countries. More than half of these deaths occur in sub-Saharan Africa and almost one third occur in South Asia.

The maternal mortality ratio in developing countries in 2013 is 230 per 100 000 live births versus 16 per 100 000 live births in developed countries. There are large disparities between countries, with few countries having extremely high maternal mortality ratios around 1000 per 100 000 live births. There are also large disparities within countries, between women with high and low income and between women living in rural and urban areas.

The risk of maternal mortality is highest for adolescent girls under 15 years old and complications in pregnancy and childbirth are the leading cause of death among adolescent girls in developing countries. Women in developing countries have an average many more pregnancies than women in developed countries, and their lifetime risk of death due to pregnancy is higher. A woman's lifetime risk of maternal death – the probability that a 15 year old woman will eventually die from a maternal cause – is 1 in 3700 in developed countries, versus 1 in 160 in developing countries.

Women die as a result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy. Other complications may exist before pregnancy but are worsened during pregnancy. The major complications that account for nearly 75% of all maternal deaths are:

- severe bleeding (mostly bleeding after childbirth)
- infections (usually after childbirth)
- high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- complications from delivery
- unsafe abortion.

The remainder are caused by or associated with diseases such as malaria, and AIDS during pregnancy. Maternal health and newborn health are closely linked. Almost 3 million newborn babies die every year, and an additional 2.6 million babies are stillborn.

Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death.

To avoid maternal deaths, it is also vital to prevent unwanted and too-early pregnancies. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care.

Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. While levels of antenatal care have increased in many parts of the world during the past decade, only 46% of women in low-income countries benefit from skilled care during childbirth. This means that millions of births are not assisted by a midwife, a doctor or a trained nurse.

In high-income countries, virtually all women have at least 4 antenatal care visits, are attended by a skilled health worker during childbirth and receive postpartum care. In low-income countries, just over a third of all pregnant women

have the recommended 4 antenatal care visits.Other factors that prevent women from receiving or seeking care during pregnancy and childbirth are:

- poverty
- distance
- lack of information
- inadequate services
- cultural practices.

To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system.

Improving maternal health is one of WHO's key priorities. WHO is working to reduce maternal mortality by providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States. In addition, WHO advocates for more affordable and effective treatments, designs training materials and guidelines for health workers, and supports countries to implement policies and programmes and monitor progress.

During the United Nations MDG summit in September 2010, UN Secretary-General Ban Ki-moon launched a Global strategy for women's and children's health, aimed at saving the lives of more than 16 million women and children over the next 4 years. WHO is working with partners towards this goal.

India is likely to miss the Millennium Development Goal (MDG) related to maternal health as one maternal death is being reported every 10 minutes in the country now.

India recorded around 57,000 maternal deaths in 2010, which translate into a whopping six every hour and one every 10 minutes, **UN data** in this regard says.

The current Maternal Mortality Rate (MMR) of India is 212 per one lakh live births, whereas the country`s MDG in this respect is 109 per one lakh live births by 2015. The MMR challenge for India was highlighted today at the launch of the Millennium Development Goals Report of the UN Secretary General. The 2012 report, which assesses the regional progress on eight MDGs the world promised to meet, states that although progress has been made on improvements in maternal health, actual targets remain far from sight.

From 1990 to 2013, the global maternal mortality ratio declined by 45 per cent – from 380 deaths to 210 deaths per 100,000 live births, according to UN inter-agency estimates. This translates into an average annual rate of reduction of 2.6 per cent. While impressive, this is less than half the 5.5 per cent rate needed to achieve the three-quarters reduction in maternal mortality targeted for 2015 in Millennium Development Goal 5.

The number of women and girls who died each year from complications of pregnancy and childbirth declined from 523,000 in 1990 to 289,000 in 2013. These improvements are particularly remarkable in light of rapid population growth in many of the countries where maternal deaths are highest. Almost all maternal deaths (99 per cent) occur in developing countries.

More than 50 women die every year in Madurai district from pregnancy related complications. Anaemia among women has been cited as a primary causative factor.The data available with Health Department officials here indicate that maternal

mortality occurs not only in the rural areas but also in Madurai Corporation limits.While the district's maternal mortality rate was 68 in the year 2010-11, it was 58 in 2011-12. For the current year (2012-13), the number stood at 49 till February.**(THE HINDU)**

Maternal deaths are an indicator of how effective our overall health system is. Though the district had ensured almost 100 per cent institutional deliveries, deaths are happening in both Government and private hospitals. Postpartum haemorrhage, anaemia and high blood pressure were cited as threatening factors.

"Maternal deaths have drastically come down in recent years and the challenge is to reduce them further. In the Madurai Corporation area, 16 maternal deaths were reported in the last two years while there was no mortality in Melur and Thirumangalam municipalities.

"Most of maternal deaths are preventable provided there is good ante natal care during pregnancy period. Antenatal care is the care and help received from health professionals during the course of pregnancy. A healthy mother only can bringforth a healthy baby.Antenatal screening – tests that assess whether your unborn baby is at risk of certain conditions or abnormalities, and antenatal classes – classes and workshops that prepare mother and partner for the birth of the baby.Antenatal appointments are check-ups to assess the health of mother and baby. They give the opportunity discuss any issues and questions mother have.

Servey J, Chang J.(2014) conducted study on the medication-taking behaviour of pregnant women during the first two trimesters of pregnancy was assessed to ascertain whether they were appropriately using over-the-counter (OTC)

preparations during pregnancy. 578 (55.7%) women completed and returned a questionnaire, of which 248 (42.9%) reported using one or more medications to treat one of the six common ailments listed in the questionnaire. The majority of medicines purchased were for heartburn and indigestion and which are considered safe to use during pregnancy. However, there were seven (1.9 %) reports of women using oral decongestants which are deemed inappropriate. This study suggests that most women are using available information to make appropriate decisions about OTC medicine use during pregnancy. However, warnings pertaining to the use of oral decongestants may need to be more prominent or woman may need better education on how to interept them.

Many of these minor ailments will get worse if not treated earlier. The medication taking behavior of pregnant mothers without consultation of a doctor will lead to health problems in both baby and mother. The midwife has a very important role to play in triaging patients, educating patients and managing minor conditions, therefore preventing many hospital admissions and medications.

Today nurses and midwives have an important role in health care promotion and prevention. Dissemination of health related information to client, family and community is one of the important functions of midwives in caring pregnant women to attain safe motherhood.

The researcher during community and hospital posting have seen many primi mothers with minor ailments of pregnancy who has inadequate knowledge on the management and has gone into complications. So the researcher thought of imparting knowledge to mothers regarding minor ailments of pregnancy and its management through video assisted teaching.

1.2 STATEMENT OF THE PROBLEM

A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary Health Centre in Samayanallur at Madurai

1.3 OBJECTIVES:

- To assess the level of knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary HealthCentre in Samayanallur at Maduari.

- To evaluate the effectiveness of video assisted teaching regarding management of minor ailments during pregnancy among primi mothers attending Primary HealthCentre in Samayanallur at Maduari.

- To associate the level of knowledge regarding management of minor ailments during pregnancy among primi mothers with selected demographic variables.

1.4 HYPOTHESES:

H_1 : There is a significant difference between the pretest and post test level of knowledge regarding management of minor ailments during pregnancy among primi mothers.

H_2: There is a significant association between level of knowledge regarding management of minor ailments during pregnancy among primi mothers with selected demographic variables.

1.5 OPERATIONAL DEFINITION:

EFFECTIVENESS

In this study,Effectiveness refers to the outcome of the video assisted teaching on knowledgeregarding management of minor ailments during pregnancy among primi mothers.

KNOWLEDGE

In this study, it refers to knowledge regarding management of minor ailments during pregnancy among primi mothers which is assessed by Structured knowledge questionnaire.

VIDEO ASSISTED TEACHING

In this study,Video assisted teaching refers to a systematic planned teaching on information regarding management of minor ailments during pregnancy which includes nausea, vomiting, fatique, frequency of micturition, heart burn, constipation, vaginal discharge,backache,hemorrhoids,leg cramps,edema,varicosities by showing video 20minutes in the morning for four consecutive days.

PRIMI MOTHERS

In this study, it refers to the women who are pregnant for the first time and within three months of pregnancy.

MINOR AILMENTS DURING PREGNANCY

Minor ailments during pregnancy refers to the common problems that occurs during pregnancy such as nausea, vomiting, fatigue, frequency of micturition, heartburn, constipation, vaginal discharge, backache, hemorrhoids, leg cramps, edema, varicosities which can affect the daily activities of mother.

MANAGEMENT:

In this study,Management refers to the knowledge of home remedies on minor ailments during pregnancy such as nausea, vomiting, fatique, frequencyof micturition,heartburn,constipation,vaginaldischarge, backache,hemorrhoids, leg cramps,edema,varicosities which the mother can practice at home.

1.6 ASSUMPTIONS:

- Primi mothers experience minor ailments during pregnancy.
- Minor ailments affect the daily activities of primi mothers.
- Mothers show interest to see the video regarding management of minor ailments during pregnancy.

1.7 DELIMITATIONS:

Study is limited to

- Primi mothers in first trimester.
- Primi mothers attending Samayanallur Primary Health Centre.
- Sixty Primi mothers only.

1.8 PROJECTED OUTCOME

Primi mothers will gain adequate knowledge regarding management of minor ailments during pregnancy.

Review of Literature

CHAPTER - II

REVIEW OF LITERATURE

"A literature review is a body of text that aims to review the critical points of knowledge on particular topic of research".

(ANA,2000)

Review of literature is an account of what is already known about a particular phenomenon. The main purpose of literature review is to convey to the readers about the work already done and the knowledge and ideas that have been already established on a particular topic of research. A literature review is an account of the previous efforts and achievements of scholars and researchers on phenomena.

Literature review is a laborious task, but it is essential if the research process is to be successful. Research studies are usually undertaken within the context of an existing knowledge base, because research cannot be conducted in an intellectual vaccum.

This chapter is divided into two parts:

PART-I Review of related literature for the study

PART-II Conceptual framework

PART-I

REVIEW OF RELATED LITERATURE

Reviews are collected on the basis of following headings:

2.1 Prevalence of minor ailments during pregnancy

2.2 Management of minor ailments during pregnancy

2.3 Effectiveness of teaching Program.

2.1 PREVALENCE OF MINOR AILMENTS DURING PREGNANCY

Poskus.et.al, (2014) studied Haemorrhoids and anal fissures during pregnancy and after childbirth: a prospective cohort study on 280 pregnant women who were followed up until 1 month after delivery in outpatient clinics of University hospital, Luthiana.123 (43.9%) women developed peri-anal disease: 1.6% in the first trimester, 61% during the third trimester, 34.1% after delivery and 3.3% 1 month after delivery; 114 (40.7%) women were diagnosed with haemorrhoids, seven (2.5%) with haemorrhoids and anal fissure and two (0.71%) with anal fissure.

Johnson P, Mount K, Graziano S.(2014) worked out a prospective cohort study on functional bowel disorders in pregnancy: effect on quality of life, evaluation and management among 104 women in first trimester in university centre,USA.Overall bowel function was assessed using the Rome III Questionnaire.A majority (75%) of the women at the first trimester evaluation reported having one or more functional bowel disorders. The overall qualityof life status was rated highly functional, with a total average score of 94.9.

Suneth Buddhika Agampodi, Nuwan Dharshana, Jennifer Horton, Thilini Chanchala Agampodi. (2013) conducted a cross sectional study on minor ailments in pregnancy are not a minor concern for pregnant women: a morbidity assessment survey in Anuradhapura district of Sri lanka.466 samples are selected by two stage cluster sampling. Nausea and vomiting during pregnancy (NVP) was experienced by 325 (69.7%) samples. Other common symptoms were backache (152, 32.6%), dizziness (112, 24.0%) and heartburn/regurgitation (107, 23.0%). Hospitalizations were reported by 83 (17.8%) pregnant women. The leading cause of hospitalization was NVP which accounted for 43.1% of total admissions.

Fill Malfertheiner S.etal.(2013) investigated on gastroesophageal reflux disease and management in advanced pregnancy: a prospective survey among 135 pregnant women in third trimester.The results showed that the prevalence for GERD was 56.3%. Among symptoms regurgitation was the most frequent with 47.3%, whereas heartburn was graded as the most severe symptom. The impact of GERD on the QOL of the pregnant women was significant ($p < 0.001$). 22.9% of the GERD population required medication because of severe symptoms.

Einarson TR, Piwko C, Koren G.(2013) conducted a meta analysis study on Prevalence of nausea and vomiting of pregnancy in the USA. Forty-eight articles were identified; 15 were rejected and 33 were included for analysis. Twenty-three studies of 67,602 women provided rates of NVP which had a meta-analytic rate of 68.6% (CI95%:64.4%-72.8%). Three of them (N=5034) reported nausea without vomiting in 28.6% and two studies (N=136) produced a rate for NVP during late pregnancy of 24.0%. Hyperemesis Gravidarum occurred in 1.2% of the 2.1 million women in 12 studies.

Naumann CR, Zelig C, Napolitano PG, Ko CW.(2012) conducted a prospective cohort study on nausea, vomiting, and heartburn in pregnancy risk,treatment and outcome.A total of 273 pregnant women were selected. The results showed that Ninety-five percent of pregnant women experienced either heartburn and/or Nausea and vomiting.11% of women with N/V and 47% of women with heartburn used pharmacologic therapy.Infants born to women with heartburn had significantly higher birth weights ($p = 0.03$), but gestational age at delivery was not significantly different.N/V was not associated with birth weight or gestational age at delivery.

Marrero JM.etal.(2012) did a cross sectional study on determinants of pregnancy heatburn.A sample of 607 women selected by convenient sampling during their antenatal visit in antenatal clinic.Self administered questionnaire was given.The results showed that The prevalence of heartburn increased with gestational age (22% in the first, 39% in the second, and 72% in the third trimester; $P < 0.0001$), as did severity of heartburn ($P < 0.0001$).

Jan M.A. Mensa,Yvonne H. Huis in 't Veldb,Annelies Pool-Goudzwaardc. (2012) did a cross sectional study on severity of signs and symptoms in lumbopelvic pain during pregnancy. A sample of 182 pregnant mothers of 20-30 weeks gestation were selected.The tool used were numerical rating scale,Quebec Back Pain Disability Scale and likert scale for urinary incontinence.The results showed that 60.4% reported lumbo pelvic pain.Mean pain level was 3.6 (SD 2.2); in 20.0% of the women the score was >5. The mean score on the QBPDS was 27 (SD 16); in 20.9% the score was >40. Compared to women without LPP, women with LPP more frequently suffered back pain in the past ($p < 0.001$), had a higher body mass index ($p < 0.01$), more often

had urinary incontinence ($p < 0.05$).The main conclusion is that pain and disability of LPP during pregnancy can be interpreted as mild to moderate in most cases, and as severe in about 20%.

Heather Pierce, Caroline S. E. Homer, Hannah G. Dahlen , and Jenny King.(2012) conducted a cross-sectional, descriptive study on pregnancy-related lumbopelvic pain among 105 Australian women in their third trimester with a singleton pregnancy.The results showed that there was a high prevalence of self reported LPP during the pregnancy (71%). An association was found between the reporting of LPP, multiparity, and a previous history of LPP.

Knudsen A, Lebech M, Hansen M. (2012) did a study on upper gastrointestinal symptoms in the third trimester of the normal pregnancy.120 women from 31st gestational week to delivery filled the self administered questionnaire daily.The weekly prevalence of well-being decreased from 50% at the 31st gestational week to 24% ($P = 0.00001$). The weekly prevalence of heart-burn (approximately 60%), nausea (approximately 16%) and vomiting (approximately 7%) was nearly constant throughout the study period. Well-being was inversely related to parity, ($P = 0.006$), heartburn positively related to age ($P = 0.016$), and nausea and vomiting inversely related to age ($P = 0.003$ and $P = 0.044$).

Sermin Timur, Aynur Kızılırmak.(2012) conducted a cross sectional study on frequency of nausea-vomiting in early pregnancy and determination of the related factors.By using improbable random sampling method 307 pregnant women were selected from women policlinics of vehbi şahap women's and children's diseases hospital of the health ministry, Aksaray.The Pregnancy-Unique Quantification of Emesis and Nausea (PUQE) scoring system was used. The results showed that 60.6 %

of the pregnant women had complaints associated with nausea-vomiting (NV) and 42 % had mild NV whereas 18 % had moderate / severe NV.As a result, Nausea and Vomiting in pregnancy is an important health problem that affects more than half of the women.

Nedra Reeves,Kathleen Potempa,Agatha Gallo.(2011) conducted an explorative study on fatique in early pregnancy.A convenience sample of 30 women, age 20–35 years, who were at less than 20 weeks' gestation and without health problems were included in the study.Results showed that a large portion of the sample (90%) experienced fatigue and that this fatigue had a significant impact on their ability to maintain personal and social activities.

Ramu B, Mohan P, Rajasekaran MS, Jayanthi V.(2011) did a cross sectional study on prevalence and risk factors for gastroesophageal reflux in pregnancy among 400 pregnant females attending antenatal clinic of Southern state of Indian subcontinent.Patients with heartburn or regurgitation or both (n = 182) for at least a week were defined as cases, and controls were those without these symptoms (n = 218).The overall prevalence of GER was 45.5% (182/400), 77 (19.3%) had heartburn (GER-HB), 54 (13.5%) had regurgitation (GER-R) and 51 (12.8%) had both (GER-HB + R). Symptoms were more frequent in the second (43.1%) and third trimester (54.1%) as compared to the first trimester (9.5%) ($p < 0.001$). GER was common among non-vegetarians ($p = 0.02$) and frequent aerated beverage users ($p = 0.001$).GER prevalence was high in pregnancy, often in second and third trimester. Non-vegetarianism and aerated beverages increased the risk of reflux in pregnancy.

Mohammad A. Mohseni-Bandpei. etal. (2009) conducted a cross sectional study on Low back pain in 1,100 Iranian pregnant women: prevalence and risk

factors. A total of 1100 pregnant women from 18 health centres in Sari district of northern Iran were selected.Visual Analog scale,Oswestry lowback disability questionnaire were used. The results showed thatprolonged standing and rest were found to be the most significant aggravating and relieving factors (76.3% and 87.7%, respectively). LBP was significantly correlated with history of previous LBP and LBP in previous pregnancy (p=.000 in both cases).

Bradley.(2007) did a longitudinal study on constipation in pregnancy: Prevalence, Symptoms and risk factors. The selected One hundred three women in first trimester were advised to complete the self-administered bowel symptom questionnaire, physical activity and dietary fiber intake measures, and a prospective 7-day stool diary in each trimester and three months postpartum. The results showed that constipation prevalence rates were 24% (95% confidence interval [CI] 16–33%), 26% (95% CI 17–38%), 16% (95% CI 8–26%), and 24% (95% CI 13–36%) in the first, second, and third trimesters and 3 months postpartum, respectively.

Shaheen Kausar,Arif Tajammul and Shahida Sheikh (2006) investigated the frequency,causes and various treatment modalities for management of backache during preganacy in antenatal Outpatient department of Jinnah hospital,Lahore.Out of 918 samples 432(47.05%) reported backpain. The most common cause of backpain was odd posture, heavy work and weight lifting. No treatment was taken in 23 patients(5.32%),rest in 297(68.75%),analgesics in 106(24.52%) and massage in 6(1.38%).The author concluded that special advice should be given regarding posture and exercises.

Abramowitz L.etal.(2002) did a prospective study on anal fissure and thrombosed external hemorrhoids before and after delivery among 165 pregnant

mothers.The results showed that Fifteen females (9.1 percent) with anal lesions (13 thrombosed external hemorrhoids and 2 anal fissures) were observed during pregnancy. Fifty-eight females (35.2 percent) with anal lesions (33 thrombosed external hemorrhoids and 25 anal fissures) were observed during the postpartum period. Ninety-one percent of thrombosed external hemorrhoids were observed during the first day after delivery.

Kristin M. Behrenz, Manju Monga.(1999) did a comparative study to determine if fatigue is increased during the first trimester of pregnancy compared to nonpregnant women.Twenty pregnant between 6 and 12 weeks' gestation and 15 nonpregnant patients were enrolled. The tools used were Numerical Rating Scale for Fatigue (NRS-F), State Trait Anxiety Inventory (STAI), and Beck Depression Index (BDI-II). Pregnant women reported greater number of hours spent sleeping each day (8 [7-10] vs. 7 [6-9], $p = 0.03$). There was no significant difference in BDI-II, STAI-S, or STAI-T scores, but pregnant women had significantly higher scores on the NRS-F test (72.5 [20-88] vs. 36 [18-94], $p < 0.05$). Women in the first trimester of pregnancy experience significantly greater fatigue compared to a similar group of nonpregnant women.

Valbo.A, Bohmer. T. (1999) did a quantitative study on Leg cramps in pregnancy--how common are they? .In Baerum Hospital, Norway 120 women selected by purposive sampling were investigated using self structured questionnaire. The results revealed that 45% had suffered from leg cramps during pregnancy. Among 54% of them the cramps appeared after the 25th week of pregnancy. 76% of the women had experienced the symptoms twice per week or less often; 81% of them suffered from painful cramps only during night-time.

2.2 MANAGEMENT OF MINOR AILMENTS DURING PREGNANCY

Akmeşe ZB, Oran NT.(2014) demonstrated the effects of progressive muscle relaxation exercises accompanied by music on low back pain and quality of life during pregnancy , a prospective randomized controlled trial . 66 pregnant women were assigned randomly to experimental group and control group.A personal information form was used as a data collection tool; a visual analog scale for measuring pain; and the Short Form-36 was used to evaluate QOL. The experimental group showed significant improvement in perceived pain and QOL subscales after the intervention of eight weeks.

Dante G1, Bellei G, Neri I, Facchinetti F.(2014) performed meta analysis on Herbal therapies in pregnancy: what works? Of the 671 articles identified, 15 randomized controlled trials (RCTs) and 16 non-RCTs were eligible. Ginger was the most investigated remedy and it was consistently reported to ameliorate nausea and vomiting in pregnancy.

Packia.(2013) did a quasi experimental study on effectiveness of natural remedy in reduction of morning sickness among the antenatal mothers in Employees State Insurance Model Hospital Banglore,Karnataka.80 samples were selected by convenient sampling. Rhodes Index scale was used to assess the severity of morning illness.1 gram of ginger in half teaspoon of honey given 4 times for 4 days was given.The results revealed that the pretest mean was 16.4 with SD of 3.1 and the post test mean was 9.4 with SD of 3.08.The calculated t value (9.2) which is higher than the tabulated value(2.093) which shows that ginger treatment is effective in reducing morning sickness.

Manmeet Kaur.(2012) did a pre experimental study to assess the efficacy of ginger extract on the symptoms of morning sickness among 40 an-tenatal mothers enrolled for the study by convenience sampling technique. Severity of morning sickness symptoms was assessed by '5 point' Likert scale. Ten ml ginger extract in 2 divided doses for 4 days was administered. After the gap of 2 days, follow up for 2 days was done to assess the severity of symptoms of morning sickness. Significant difference was found in the pre and post interventional severity of nausea which decreased from mean score of 8.15 to 2.0 (P=0.001), followed by mean score of vomiting from 5.1 to 0.62 (P=0.01) and of retching from 3.35 to 0.6 (P=0.01). No adverse effects were reported by study participants . The study concludes that ginger is effective in the management of morning sickness among antenatal mothers.

Arlene M. Wallace,Diane B. Boyer,Alice Dan,Karyn Holm. (2012) conducted a pre experimental study on aerobic exercise, maternal self-esteem, and physical discomforts during pregnancy. The convenience sample comprised of 31 women who participated in aerobic exercise and 22 women who did not. All subjects, who were at least 27 weeks pregnant, completed three questionnaires: Self-History Form, Pregnancy Discomfort Checklist, and Rosenberg Self-Esteem Scale. The group of women who exercised had statistically significant higher self-esteem and lower physical discomfort scores than the group of women who did not exercise. Statistically significant lower scores were found in the exercise group for the symptoms of backache, headache, fatigue, shortness of breath, and hot flashes. There was a statistically significant inverse relationship between amount of exercise and discomforts reported in the third trimester. These findings suggest that exercise during pregnancy is associated with higher self-esteem and lower discomfort scores.

Yi-Chin Sun, Ya-Chi Hung, Yuanmay Chang, Su-Chen Kuo(2012) conducted a non-randomised controlled experimental study to assess the effects of a prenatal yoga programme on the discomforts of pregnancy and maternal childbirth self-efficacy in a hospital of northern Taiwan. A total of 88 primigravidas 43 in the control group and 45 in the experimental group. The intervention was given for 12-14 weeks with at least three sessions per week which lasted for 30minutes.The experimental group reported significantly fewer pregnancy discomforts than the control group (38.28 vs 43.26, z=−2.58, p=0.01) at 38–40 weeks of gestation and exhibited higher outcome and self-efficacy expectancies during the active stage of labour (104.13 vs 83.53,t=3.24, p=0.002; 99.26 vs 77.70, t=3.99, p⩽0.001) and the second stage of labour (113.33 vs 88.42, t=3.33, p=0.002; 102.19 vs 79.40, t=3.71, p⩽0.001) compared with the control group.

Mats Hammar, Lasse Larsson, Lennart Tegler.(2012) conducted a study on calcium treatment for leg cramps in pregnancy: effect on clinical symptoms and total serum and ionized serum calcium concentrations among 42 pregnant women . Twenty-one patients were treated with 1 g calcium orally twice daily for 2 weeks and in this group good clinical improvement was achieved ($p < 0.001$). The treatment increased the total serum calcium concentration from 2.25 mmol/1 to 2.30 mmol/1 but did not alter the ionized serum calcium concentration. Twenty-one untreated patients had the same frequency of cramps and showed no change in serum calcium concentrations.

Jenni.(2011) conducted a case control study on Mother's sleeping position and risk of stillbirth among pregnant women in Auckland. The researchers compared the circumstances of women who gave birth to a stillborn baby at or after 28 weeks of

pregnancy (cases) and women who were pregnant at the same time and went on to have a live birth (controls).The results showed that •compared to sleeping on the left side, sleeping on the back and in other positions was associated with an increased risk (2.54 and 2.32 times more likely to have a stillbirth respectively).

Shu-Ming Wang.etal (2011) conducted a cross sectional survey on complementary and alternative medicine for low-back pain in pregnancy.A two part anonymous survey design was used.100 Pregnant women and 50 prenatal health providers of New Haven, Connecticut were selected.The results showed that Massage (61.4%), acupuncture (44.6%), relaxation (42.6%), yoga (40.6%), and chiropractic (36.6%) were the most common CAM therapies recommended for LBP in pregnancy by the providers of prenatal health care .

Nascimento SL, Surita FG, Parpinelli MA, Siani S, PintoSilva JL.(2011) investigated on the effect of an antenatal physical exercise programme on maternal/perinatal outcomes and quality of life in overweight and obese pregnant women: a randomised clinical trial. Eighty-two pregnant women (age ≥ 18 years; pre-gestational body mass index ≥ 26 kg/m ; gestational age 14-24 weeks) attending The Prenatal Outpatient Clinic at the University of Campinas, Brazil were randomised into two groups: 40 subjects ofexperimental group exercised under supervision and received home exercise counseling.42 subjects of control group followed the routine prenatal care. Overweight pregnant women who exercised gained less weight during the entire pregnancy (10.0 ± 1.7 kg versus 16.4 ± 3.9 kg, respectively; P = 0.001) and after entry into the study (5.9 ± 4.3 kg versus 11.9 ± 1.5 kg, respectively; P = 0.021) compared with women in the control group. Exercise was not associated with adverse

perinatal outcomes and did not affect variation in arterial blood pressure or the perception of Quality Of Life.

Dall'Alba V.etal.(2010) did a prospective study on Heartburn and regurgitation in pregnancy: the effect of fat ingestion. 89 pregnant women (gestational age 34 +/- 4 weeks) attending a low-risk prenatal outpatient clinic were asked to provide information on the frequency they experienced heartburn and regurgitation. Fat ingestion was estimated by means of a 24-h diet record. Heartburn once a week or more often occurred in 56 of the 89 patients (63%). The ingested amount of polyunsaturated fatty acids was higher in patients with heartburn (11.2 +/- 6.4 vs. 7.7 +/- 3.5 mg; P = 0.022) . The ingestion of monounsaturated fatty acids was higher in patients with heartburn, but with a borderline statistical significance (16.1 +/- 11 vs. 11.8 +/- 6.5 mg; P = 0.061). This study suggests that heartburn in the third trimester of pregnancy is associated with the ingestion of polyunsaturated fatty acids.

Sripramote M, Lekhyananda N. (2009) did a randomized double blind controlled trial on comparison of ginger and vitamin B6 in the treatment of nausea and vomiting of pregnancy among 138 pregnant mother at or before 16 weeks of gestation who attended Vajira Hospital,Bangkok.The subjects were randomly allocated into two groups to take either 500 mg of ginger orally or an identical 10 mg of vitamin B6 one capsule three times daily for three days. Subjects graded the severity of their nausea using visual analogue scales. The results showed that the ginger and vitamin B6 significantly reduced the number of vomiting episodes from 1.9 (2.06) to 1.2 (1.75) and 1.7 (1.81) to 1.2 (1.50) respectively, with $p < 0.01$. The mean number change after treatment with ginger was 0.7 (2.18), more than with

vitamin B6, which was 0.5 (1.44) but with no statistically significant difference, (p = 0.498).

Clin Evid.(2008) did a randomized control trial on increased fibre intake for constipation among 40 pregnant women in the third trimester of pregnancy who reported constipation.The experimental group received corn-based biscuits and control group received only routine prenatal care.The results found that adding fibre supplements significantly increased bowel movement frequency over 2 weeks compared with no fibre supplements. 9/27 [33%] with additional dietary fibre v 10/13 [77%] with no additional fibre; or 0.15, 95% CI 0.03 to 0.68; P = 0.01).

Shim MJ, Lee YS, Oh HE, Kim JS.(2007) studied on effects of back-pain-reducing program during pregnancy for Korean women: a non-equivalent control-group pretest-posttest study.29 pregnant women were assigned in experimental group and 27 in control group. The findings show that the pain-reducing program developed for this study was effective in reducing the intensity of back pain experienced by pregnant women. Promoting good posture and regular exercise can be recommended as a method to relieve back pain in pregnancy women.

Westfall RE.(2007) worked out a qualitative study on use of anti-emetic herbs in pregnancy: women's choices, and the question of safety and efficacy.Among 27 women selected by non random sampling ,20 women (74%) experienced pregnancy-induced nausea. Ten of these women used anti-emetic herbal remedies, which included ginger, peppermint, and Cannabis. While safety concerns exist in the literature for herbs with regards to their use by pregnant women, clinical evidence of harm is lacking.

2.3 EFFECTIVENESS OF TEACHING PROGRAM

Soad M. Hegazy , Howyda A. Mohamed, Seham G. Ragheb and Sherief Essam.(2013) conducted a quasi experimental study on knowledge of non-pharmacological methods and night leg cramps among 80 patients with varicose veins attending outpatient clinic of El-Demerdash Hospital.Education programme given. Results revealed that about three fourths (75.0%) of them had unsatisfactory knowledge in pre test. Meanwhile, significant improvement was noticed in post – test whereas,85.0% of them had satisfactory knowledge.Author concluded teaching improves the knowledge.

Carina Sjoberg Brixval.etal(2013) conducted a meta analysis on the effect of antenatal education in small classes on obstetric and psycho-social outcomes: a systematic review and meta-analysis protocol. The study revealed that the effect of antenatal education in groups, with participation of a small number of participants, may differ from the effect of other forms of antenatal education.Antenatal education is dependent on culture as well as organization of the healthcare system.

Hadayat A. Amasha, Manar F. Heeba.(2013) conducted an exploratory descriptive study to evaluate Jordanian women's awareness of pregnancy normal and abnormal signs. 340 pregnant women recruited from two MCH centers of north region of Jordan, were selected randomly .A structured interview questionnaire form was used. The study revealed a good degree of awareness about normal signs associated with pregnancy, and to a less extent about abnormal signs. The commonest complaints of the studied group during their pregnancy were nausea and vomiting, fatigue, back pain, heartburn and vaginal discharge. The study recommended the need to include information about abnormal signs of pregnancy by health care providers as a routine care during antenatal visits.

Jessey Joykumar Jacob. (2012) to evaluate the effectiveness of a structured teaching programme on anxiety and knowledge regarding self management of minor disorders of pregnancy among primi gravidae mothers attending antenatal clinic in Kinaye primary health centre, Belgaum Karnataka.50 antenatal mothers were selected by using purposive sampling .One group pretest post test, pre experimental design was used.The results showed that mean post test anxiety scores (21.58±4.37) was less than pretest anxiety scores (70.78±1).The mean post test knowledge scores (21.58±4.37) was higher than the mean pretest knowledge scores (11.0±3.28).The mean difference in knowledge score was 10.58.Paired 't'test results showed significant gain in knowledge ($p<0.05$) which showed that teaching was effective.

Vanita Kujur.(2012) did a pre experimental study to assess the effectiveness of antenatal educational package (AEP) through booklet on knowledge regarding antenatal, intranatal and postnatal care and labor outcome among primi antenatal mothers at selected hospitals of Indore.One group pretest post test design was used.60 primi mothers in their trimester are selected by purposive sampling were interviewed. The results showed that the mean post test knowledge score 22.40 was higher than mean pre test knowledge score 15.01. The computed't' value ($t59 = 9.902$) was higher at the level of $p<0.001$. The results revealed that antenatal educational package regarding antenatal, intra natal and postnatal care among the antenatal mothers was effective and brought about the excellent changes in their level of knowledge.

Shiji P.J. (2012) performed a descriptive evaluative approach on assessment of risk factors and effectiveness of learning package on prevention of risk factors during pregnancy among antenatal women attending the two community health centres at Manglore.One group pretest post test design was used. 50 sample were selected by convenient sampling. Data was collected by using antenatal assessment checklist and a structured interview schedule. Overall the antenatal assessment

showed that majority (96%) of samples was abnormal with presence of one or other risk factors indicating high risk pregnancy. Only 2% of them were normal without any presence of risk factors indicating healthy pregnancy state.The mean post-test knowledge score(28.22) was significantly higher than their mean pre-test knowledge score (13.12). The caiculated‘t’ value(t49=39.474,P<0.05 and P<0.01 level of significance).This strongly indicates learning package was effective in increasing knowledge of antenatal women.

Nice kurian.(2012) conducted a pre experimental study on effect of stp through pamphlet on knowledge and practice regarding expression of breast milk and its storage among working 60 antenatal mothers attending Choithram Hospital and KRG’s Blessed Mom’s Clinic of Indore. Purposive sampling was used. Structured questionnaire used for data collection.The results showed that the mean pre test score of knowledge was 3.75 and post test scores of knowledge score of working antenatal mothers was 9.35 with the mean difference of 5.666. The computed ‘t’ value of 29.63 at degree of freedom 59, showed that there was significant difference in the knowledge score of pre test and post score at the level p< 0.05.

Vidya Seshan1,Joshua K Muliira,Rajalakshmi Krishnamurthy,Vidhya Sivaram.(2012) performed pre experimental study to assess the effectiveness of video assisted teaching program on Kegel's exercise to reduce the severity of urinary incontinence symptoms in pregnant women. A total of 598 pregnant women of Coimbatore selected by purposive sampling. The mean post-intervention UI symptoms severity score (M = 21•72, SD = 3•99) was lower than pre- intervention (M = 29•91, SD = 5•12) and paired t-test results showed that the difference was highly statistically significant (p < 0•00). The VATPKE used in this study was effective in reducing the severity of self-reported UI symptoms in pregnant women.

Rama rani.(2011) did a pre experimental study to assess the effectiveness of structured teaching programme on the knowledge of antenatal mothers regarding selected maternal and child health welfare schmes in selected areas of indore.A pre experimental one group pretest post test design was adopted. 60 antenatal mothers selected by convenience sampling was interviewed before and after the intervention by sturctured knowledge questionaire.A significant difference among pre and post test knowledge scores at the $p<0.001$ confidence level,indicating the efficacy of the structured teaching programe. The value for pre test and post test knowledge score were($t=23.9$) was significant at $p<0.001$ confidence level which revealed the effectiveness structured teaching programe to improve the knowledge level.

Shantha Kumari. (2011).An experimental study was conducted to assess the effectiveness of planned health education for safe motherhood in primigravidae at manglore ,Karnataka.About 50 primi mothers selected by purposive sampling was assigned in experimental and control group. Structured questionnaire was used to assess the knowledge and health education was given to experimental group. The results showed that majority of the respondents (88% of experimental group and 78% of control group) had moderately adequate knowledge and about 4% of experimental group and 2% of control group had adequate knowledge in the pretest. But in the posttest, in experimental group majority (58%) had adequate knowledge ,42% had moderately adequate knowledge while in the control group ,majority 84% had moderately adequate knowledge and only 6% had adequate knowledge which shows that teaching is necessary to improve the knowledge of mother.

Mary L. Nolan. (2009) conducted a meta analysis on information giving and education in pregnancy: a review of qualitative studies .The study reported that antenatal classes are needed for better outcome. The medium of delivery of education

in recent year is by less expensive resources like DVDs, CD ROMs, evidence-based leaflets, and posters.

Pinky Srivastav.(2009) did a quasi experimental study to assess the effectiveness of planned teaching programme on the knowledge regarding warning signs during pregnancy among 50 primipara mothers selected by purposive sampling at selected urban health centres of Indore.One group pretest post test design was used. Findings of the study indicated that the mean post test knowledge score of primi antenatal mother was 12.92, which was found to be higher than the mean pre test knowledge score of primi antenatal mothers, 5.32. The 't' test computed ('t'50 = 31.66, $p<0.05$), showed highly significant difference in pre test and post test knowledge suggesting that the planned teaching program was effective in increasing the knowledge of primi antenatal mothers.

Prerna Abhilasha Gore.(2009) performed a quasi experimental study on planned teaching programme through booklet regarding knowledge of postnatal care among primi antenatal women.One group pretest post test design was used.40 primi mother were selected by purposive sampling technique.A structured interview schedule was used. The pretest knowledge score was 9.85which was increased up to 20.32in post test. There was significant association between mean knowledge score and educational status of primi antenatal mothers (Chi square value =18.31 at $p<0.05$).

Bastani,etal.(2006) investigated on does relaxation education in anxious primigravid iranian women influence adverse pregnancy outcomes?: a randomized controlled trial. 110 primigravid women in Iran with a high anxiety level demonstrated by Spielberger's State-Trait Anxiety Inventory were randomly assigned into experimental and control groups.The experimental group received routine

prenatal care along with 7-week applied relaxation training sessions, while the control group received only routine prenatal care. Significant reductions in low birth weight, cesarean section, and/or instrumental extraction were found in the experimental group compared with the control group. The findings suggest beneficial effects of nurse-led relaxation education sessions during the prenatal period.

Radhika.(2006) conducted a pre experimental study to assess the effect of planned teaching program through booklet on antenatal care for pregnant women attending antenatal clinic at selected Hospitals.40 antenatal mother selected by purposive sampling.One group pretest post test design was used.Structured questionnaire was used for data collection.The results showed that in pretest 80% samples had poor knowledge.In post test 60 % gained good knowledge,40% had average knowledge and no one had poor knowledge.

Shiromani George. (2006) to evaluate the effectiveness of planned teaching programme on the management of selected minor ailments in terms of home remedies of primigravidae mothers during first trimester of pregnancy in selected hospitals of Banglore.50 primigravidae mothers under the age 18-25 years with 4-20 weeks of pregnancy who attended Vanivilas Hospital OPD Banglore were selected by purposive sampling .Descriptive survey research approach was adopted.The findings of study shows that posttest mean score was71.75% SD-9.7 higher than pretest mean score 22.83% and SD-5.8.Paired t value was found to be 39.60 which is significant at 5% level which shows that teaching programme is effective.

PART-II

CONCEPTUAL FRAMEWORK

Polit and Hungler (1995) stated that a conceptual framework is interrelated concept on abstract that are assembled together in some rational scheme by circle of their relevance to the common theme. It is a device that helps to stimulate research and extension of knowledge by providing direction.

This study is based on the concept of administering video assisted teaching on management of minor ailments during pregnancy. As it is concentrating on education intervention the researcher adopted the Context, Input, Process and Product model as the base for developing the conceptual framework. This framework is based on Daniel.L.StuffleBeam's CIPP Model.(1971).

The CIPP is a simple system model applied to program evaluation, a basic open system includes input, process and output. Stufflebeam added context, input, process and product. Hence CIPP stands for context evaluation, input evaluation, process evaluation and products in evaluation. They are viewed as steps or stages in a comprehensive evaluation.

CONTEXT EVALUATION(NEEDS AND OBJECTIVES)

Context evaluation assess needs, problems, assets and opportunities to help decision makers define goals and priorities and help the broader group of users judge goals, priorities and outcomes. It helps in program planning decision.

In this study, The pretest conducted for primi mothers on knowledge regarding management of minor ailments of pregnancy,which is assessed by scoring system

showed that mothers have inadequate knowledge regarding minor ailments of pregnancy and its management. There is a need to improve the knowledge of mother to prevent complications.

INPUT EVALUATION(STRATEGIES AND RESOURCES, VIDEO ASSISTED TEACHING PLAN)

Input evaluations assess alternative approaches,competing action plans,staffing plans, and budgets for their feasibility and potential cost effectiveness to meet targeted needs and achieving goals.

In this study researcher's plan is to administer video assisted teaching on management of minor ailments of pregnancy. The concepts included are management of minor ailments during first,second and third trimester.

PROCESS EVALUATION(ACTION)

It includes examining how a program is being implemented following required legal and ethical guidelines ,this help in making implementing a decision to identify defects and provides decision about how to modify or improve the program and to make sure the legal ethical guidelines are followed.

In this study after getting after getting consent from primi mothers video assisted teaching is given for 20 minutes in morning for four consecutive days.

PRODUCT EVALUATION:(OUTCOME)

This includes determining and examining the general and specific outcomes of the program to establish the actual worth or the value of the program .Product evaluation identify and assess outcomes-intended and unintended short term and long term-both to help a staff keep an enterprise focused on achieving important outcomes

and ultimately to help the broader group of users gauge the efforts success in meeting targeted needs.

In this study post test was conducted on eighth day to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy. In this study all primi mothers gained moderate and adequate level of knowledge regarding management of minor ailments during pregnancy and no one had inadequate knowledge

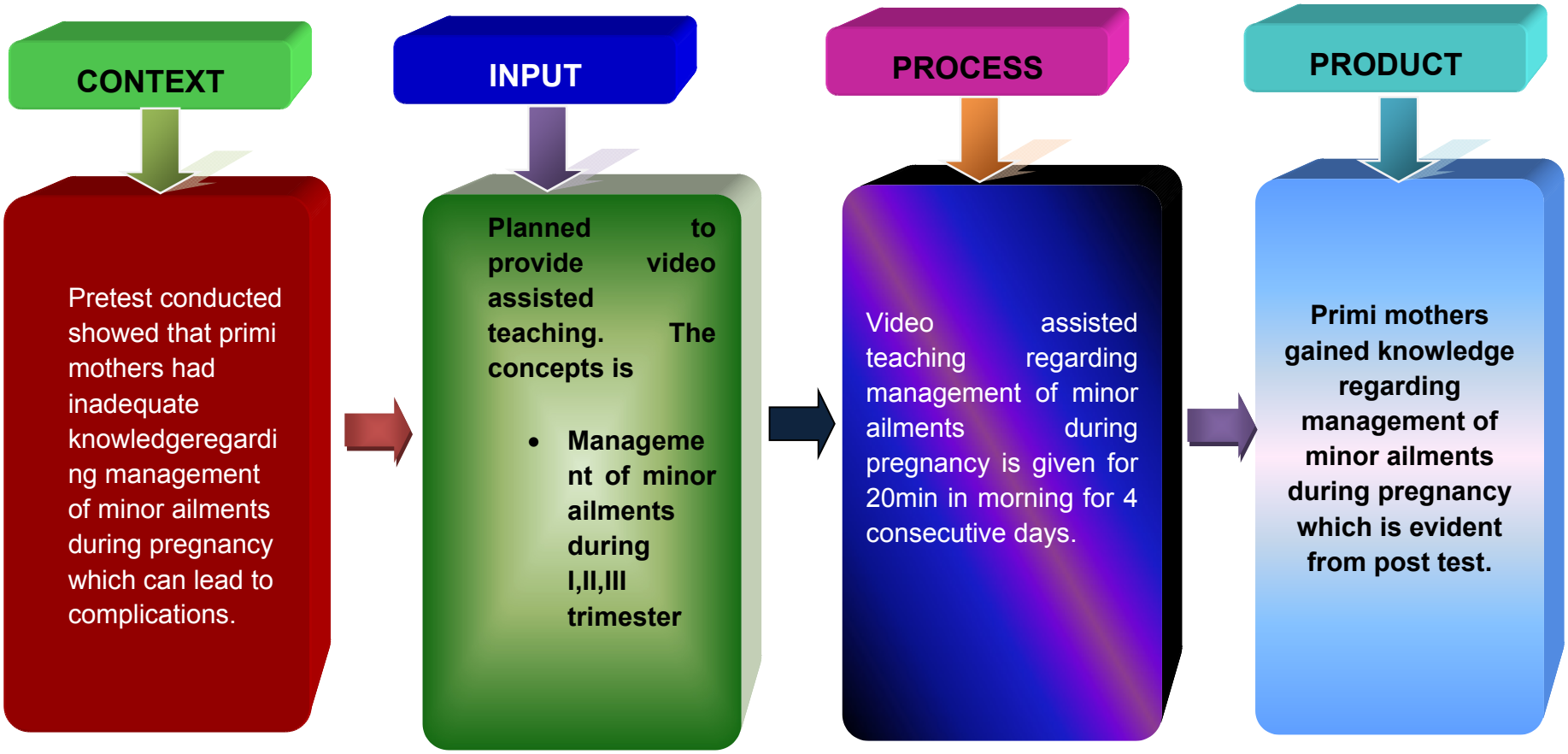


FIGURE 1. MODIFIED CIPP MODEL OF PROGRAM EVALUATION (STUFFLEBEAM DANIEL.L) (1971)

Methodology

CHAPTER- III
RESEARCH METHODOLOGY

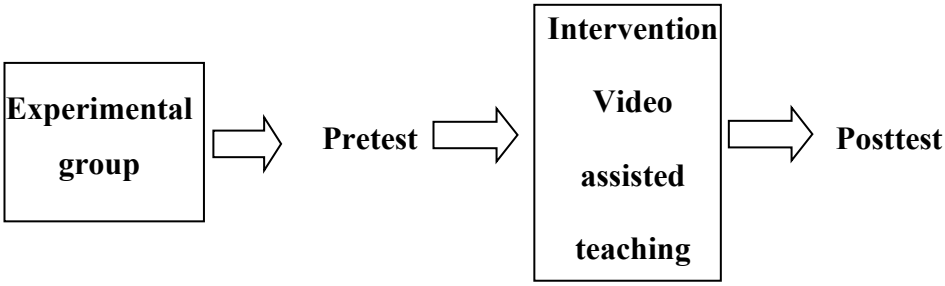
Research Methodology is the overall plan for addressing the research problem and it cover multiple aspects of study's structure .It acts as a guide for planning ,implementation and analysis of the study. It includes the description of the research approaches, research design , dependent and independent variables, sampling design, and description of the tool, pilot study and a plan format for data collection and a plan for data analysis.

3.1 RESEARCH APPROACH

Quantitative Research Approach was used in the study.

3.2 RESEARCH DESIGN

Pre experimental one group pretest and post test design was used in this study. The Schematic representation is shown below



Group	Pre test	Intervention	Post test
E	O_1	X	O_2

E------ Experimental Group.O_1 Pre test Assessment of knowledge regarding management of minor ailments during pregnancy.

X----- Video Assisted Teaching regarding management of minor ailments during pregnancy.(20 min for 4 consecutive days).

O_2---- Post test Assessment of knowledge regarding management of minor ailments during pregnancy.

3.3 RESEARCH VARIABLES

Independent variable:

Video assisted teaching on management of minor ailments during pregnancy.

Dependent variable:

Knowledge level regarding management of minor ailments during pregnancy.

3.4 SETTINGS OF THE STUDY

Samayanallur Primary Health Centre is an upgraded Primary Health Centre with 30 beds which functions round the clock with doctors working in 3 shifts. The total population is 62,350. The subcentres are Samayanallur, Paravai, Karisalkulam, Vilankudi, Thenur. On an average 250-300 outpatients visit a day.40-50 deliveries are conducted in a month. On an average 70 antenatal mothers visit the antenatal clinic every tuesday and friday.

3.5 POPULATION

TARGET POPULATION

The target population in this study was Primi mothers.

ACCESSIBLE POPULATION

Primi mothers who attended Primary Health Centre in Samayanallur at Madurai.

3.6 SAMPLE:

The sample consists of Primi mothers who attended Primary HealthCentre in Samayanallur at Maduari who fulfill the inclusion criteria.

3.7 SAMPLE SIZE:

The sample size was 60.

3.8 SAMPLING TECHNIQUE:

Sampling technique used in the study was Non Probability - Consecutive sampling technique.

3.9 SAMPLING CRITERIA

The study sample was selected by the following inclusion and exclusion criteria.

INCLUSION CRITERIA:

- Primi mothers who are in first trimester.
- Mothers who are willing to participate in the study
- Mothers who are available during the time of the study.

EXCLUSION CRITERIA:

- High risk antenatal mothers.
- Antenatal mothers who do not know to read and write Tamil.

3.10 DEVELOPMENT AND DESCRIPTION OF TOOLS:

After the thorough review of literature and discussion with the experts and the researcher's personal and professional experience a structured questionnaire was developed to assess the knowledge of primi mothers regarding management of minor ailments during pregnancy.

The tool for data collection consists of 2 parts namely

PART-I

SECTION-A Socio Demographic Variable

SECTION-B Structured knowledge questionnaire on management ofminor ailments during pregnancy.

SECTION-A

It contains demographic data which comprises of the item such as age, education, type of family, income, occupation, religion , place of residence, weight of mother, food habits .

SECTION-B

Structured knowledge questionnaire on management of minor ailments during pregnancy contains 30 multiple choice items. Each item has three options, among which appropriate answer was chosen. The concepts include for developing the tool were – definition of minor ailments, minor ailments of first trimester and its management, minor ailments of second trimester and its management and minor ailments of third trimester and its management. The same questionnaire was used to assess the pretest and post test level of knowledge regarding management of minor ailments during pregnancy.

PART-II

Video assisted teaching on management of minor ailments during pregnancy covered definition of minor ailments, minor ailments of first trimester and its management, minor ailments of second trimester and its management and minor ailments of third trimester and its management. The video is for 20 min administered for 4 consecutive days in the morning.

3.11 SCORING PROCEDURE

SECTION-A

It consists of 9 questions related to the demographic variables of the primi mothers.

SECTION-B

It consists of structured knowledge questionnaire on management of minor ailments during pregnancy having 30 items related to definition of minor ailments, minor ailments of first trimester and its management, minor ailments of second trimester and its management and minor ailments of third trimester and its management. A score of ‘’1” was given for each correct and a score of “0” was given to each wrong answer. The total score ranges from 0-30.

KNOWLEDGE LEVEL	SCORES
ADEQUATE	**25-30**
MODERATELY ADEQUATE	**15-24**
INADEQUATE	**0-14**

3.12VALIDITY AND RELIABILITY OF THE TOOL

The content validity of the tool was ascertained by the expert’s opinion in the following field experience such as two validity from obstetrician, three validity from Obstetrics and Gynaecological nursing specialist and one validity from Statistician.

Addition and modification was suggested by four experts. It was incorporated in the tool. All the experts have their consensus and then the tool was finalized.

The reliability of the tool for structured questionnaire on management of minor ailments during pregnancy was established by test-retest method to assess the reliability for knowledge at different timings. The test is administered on 2 different occasions. Reliability has been estimated using Karl Pearson Correlation Coefficient formula and obtained r =0.83 which is within the range between -1 through 0.0 and +1.00. Hence it has been cleared that the tool is effective.

3.13PILOT STUDY

The pilot study was conducted at Primary Health Centre, Samayanallur in Madurai. The study was conducted after getting the formal permission from The Dean, The Principal, College of Nursing, Madurai Medical College, Madurai and The Deputy Director of Health Services, Viswanathapuram, The Medical Officer, Samayanallur PHC and Ethical committee.

Pilot study was conducted in the month of August (01.08.2013 -07.08.2013) for a period of one week.10 subjects were selected using consecutive sampling method who fulfilled the inclusion criteria as samples. Verbal and written consent was obtained from subjects for taking part in the study. On the first day sample selection was done. In the second day pretest was given to the subjects using structured knowledge questionnaire on management of minor ailments during pregnancy. Next four consecutive days video assisted teaching was given to primi mothers for about 20 min in morning. On the seventh day post test conducted.

Findings of the pilot study revealed that the study was feasible and practicable to conduct the main study in Samayanallur Primary Health Centre. The data collection for the main study was done after excluding the samples in the pilot study.

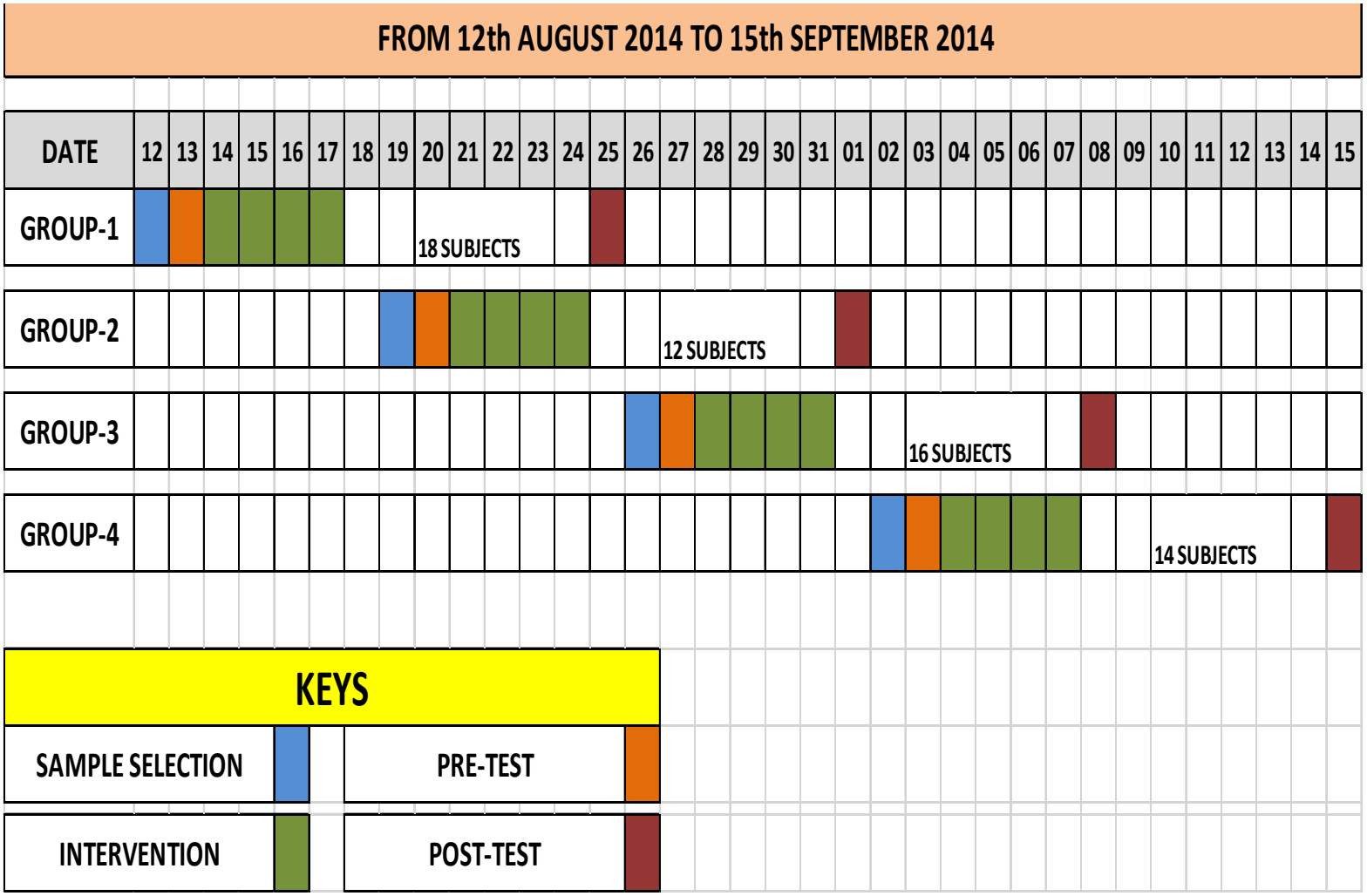
3.14 DATA CLLECTION PROCEDURE

The study is conducted after getting the formal permission from The Dean, The Principal, College of Nursing, Madurai Medical College, Madurai and The Deputy Director of Health Services, Viswanathapuram, The Medical Officer, Samayanallur PHC and Ethical committee. The data collection period was 5 weeks from 12.08.2014 -15.09.2014. A total of 60 subjects were selected through consecutive sampling in four weeks .

On the first day researcher introduced herself and had a general talk with all subjects who fulfilled the inclusion criteria and selected 18 samples (GroupI) by consecutive sampling technique and explained the purpose of the study and got written consent from all subjects who took part in the study and the subjects were reassured regarding the confidentiality of their score.

On the second day pretest was conducted for I group by using structured knowledge questionnaire regarding management of minor ailments during pregnancy. Each primi mother was allowed to answer the entire set of questionnaire for 60min. Next four consecutive days Video assisted teaching was given to the primi mothers for about 20 min in morning and on sixth day pamphlet on minor ailments of pregnancy and its management was given. The post test was conducted for the first group with the same tool on 8th day. Likewise 2^{nd} group(12 subjects),3^{rd}group(16 subjects),4^{th}group(14 subjects), received intervention on 2^{nd},3^{rd},4^{th},week respectively. The post test was conducted to each group separately on 8th day by using structured knowledge questionnaire

FIGURE 2. DATA COLLECTION PROCEDURE



3.15 PLAN FOR DATA ANALYSIS

Data analysis is the process of organizing and synthesizing the data so as to answer research question and test hypothesis.Data collection is followed by analysis and interpretation of data where the collected data are analyzed and interpreted in accordance with the study objectives.It involved the use of statistical procedures to give an organization and meaning to the data.Descriptive and inferential statistics used for data analysis.

DESCRIPTIVE STATISTICS

1. Frequency and percentage distribution was used to analyze the demographic variables of primi mothers.
2. Mean and standard deviation will be used for assessing the pretest and post test level of knowledge regarding management of minor ailments during pregnancy among primi mothers.

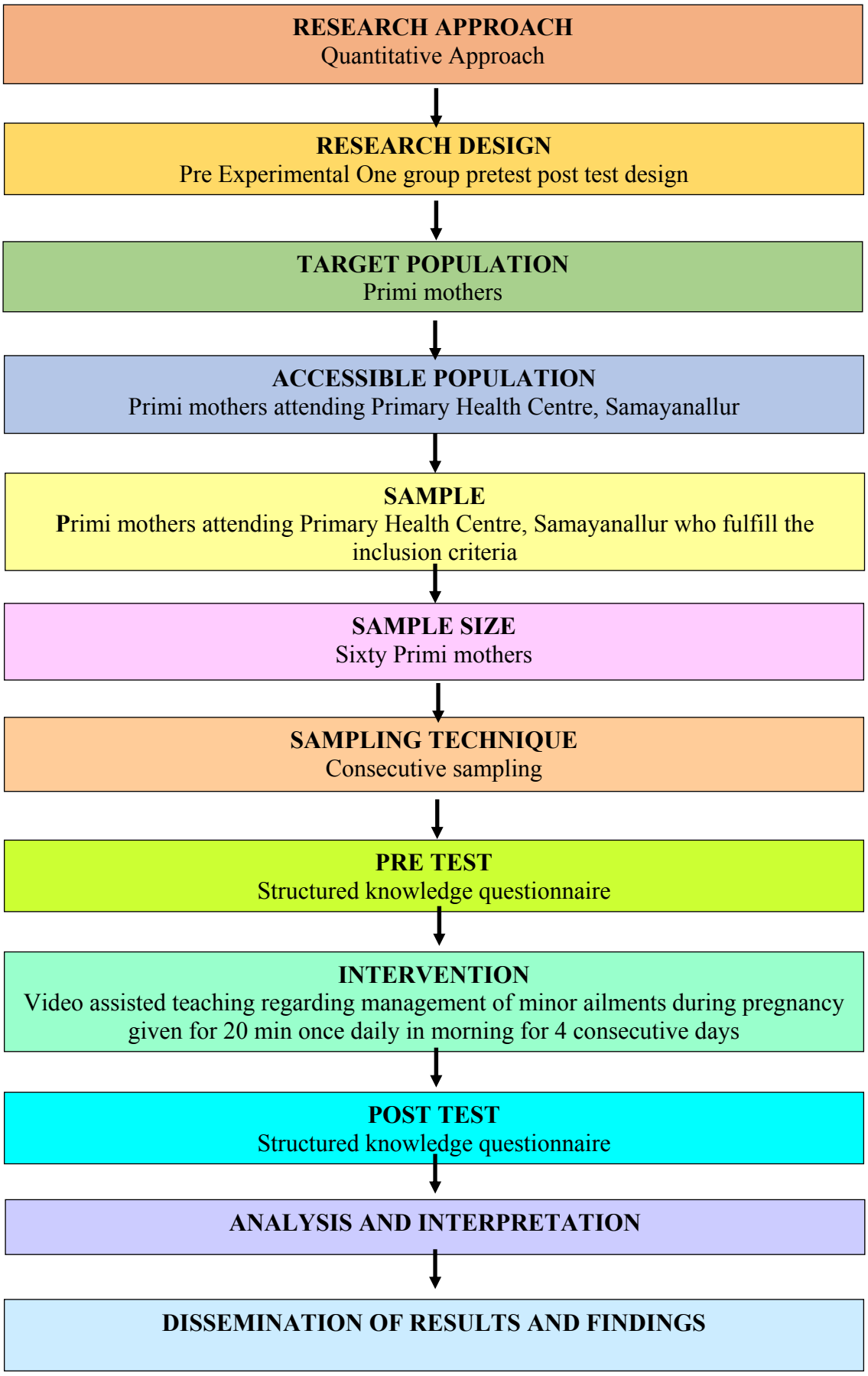
INFERENTIAL STATISTICS

1. Paired ‘t’-test was used to find out the effectiveness of video assisted teaching onknowledge regarding management of minor ailments of pregnancy among primi mothers.
2. Chi-square test was used to find out the association between the level of knowledge regarding management of minor ailments during pregnancy among primi mothers with selected demographic variables.

3.16 PROTECTION OF HUMAN RIGHTS

The investigator obtained approval from The Dean, The Principal, College of Nursing, Madurai Medical College, Madurai and The Deputy Director of Health Services, Viswanathapuram, The Medical Officer, Samayanallur PHC and Ethical committee. Each individual subject was informed about the purpose of the study and confidentiality was promised and ensured.Both verbal and written consent were obtained from all the study subjects. Data collected was kept confidential. The name of the subjects were not disclosed in any form. The subjects had freedom to leave the study at her will without assigning any reason. Anonymity was maintained throughout the study.

SCHEMATIC REPRESENTATION OF THE STUDY



Data Analysis And Interpretation

CHAPTER- IV

DATA ANALYSIS AND INTERPRETATION

Analysis and interpretation of data is the most important phase of the research process, which involves the computation of certain measures along with searching for patterns of relationship that exists among data groups. This chapter deals with analysis and interpretation of data collected from 60 antenatal mothers attending Samayanallur Primary Health Centre, to evaluate the effectiveness of video assisted teaching on management of minor ailments during pregnancy.

ORGANIZATION OF DATA:

The findings of the study were grouped and analyzed under the following sections.

Section-A Distribution ofsocio demographic variables

Section-B Pretest level of knowledge regarding management of minor ailments during pregnancy among primi mothers.

Section-C Post test level of knowledge regarding management of minor ailments during pregnancyamong primi mothers.

Section-D Effectiveness of video assisted teaching on level of knowledge regarding management of minor ailments during pregnancy among primi mothers.

Section-E Association between level of knowledge on management of minor ailments during pregnancy among primi mothers with selected demographic variables.

SECTION-A

DISTRIBUTION OF SOCIO DEMOGRAPHIC VARIABLES

TABLE-I: Frequency and percentage distribution of primi mothers according to socio demographic variables.

n=60

Socio demographic variables	Frequency	Percentage
1. Age (in years):		
a)Below 20 years	19	31.7%
b)21-30 years	33	55%
c)31-40 years	8	13.3%
d)Above 40 years	0	0%
2. Educational Status :		
a)Primary	11	18.3%
b)Secondary	29	48.3%
c)Higher secondary	16	26.7%
d)Graduate	4	6.7%
3. Type of Family:		
a)Joint	16	26.7%
b)Nuclear	44	73.3%
c)Extended	0	0%
4. Income /month :		
a)Rs.1500-2000	6	10%
b)Rs.2001-3000	31	51.7%
c)Rs.3001-4000	16	26.7%
d)Rs.Above 4000	7	11.6%

Socio demographic variables	Frequency	Percentage
5. Occupational Status :		
a)House wife	49	81.67%
b)Daily labour	8	13.33%
c)Company	3	5%
d)Government Job	0	0%
6. Religion :		
a)Hindu	55	91.7%
b)Muslim	5	8.3%
c)Christian	0	0%
7. Place of Residence :		
a)Urban	11	18.3%
b)Rural	49	81.7%
8. Weight of Mothers :		
a)Below 40 kg	6	10%
b)41-50 kg	39	65%
c)51-60 kg	14	23.3%
d)Above 60 kg	1	1.7%
9. Food Habits:		
a)Non vegetarian	60	100%
b)Vegetarian	0	0%

The above table describes the frequency and percentage distribution of primi mothers attending Samayanallur Primary Health Centre with respect to their age, education, type of family, income, occupation, religion, place of residence, weight of mother, food habits.

With respect to age majority of primi mothers , 33 (55%) were in the age group of 21-30 years,19 (31.7%) were below 20 years,8 (13.3%) were in the age group of 31-40 years and no one was there above 40 years.

Based on the education of primi mother, 29 (48.3%) of them completed secondary education, 16 (26.7%) completed Higher secondary education, 11 (18.3%) completed Primary education and 4 (6.7%) completed graduate level of education.

Majority of primi mothers about 44 (73.3%) of them belong to nuclear family, 16 (26.7%) of them belong to joint family and no one belong to extended family.

With regard to monthly income of family, 31(51.7%) of them are having monthly income of Rs 2001-3000, 16 (26.7%) of them are having the monthly income of Rs 30001-4000, 7 (11.6%) of them are having monthly income of more than Rs 4000 only 6 (10%) of them are having monthly income of Rs 1500-2000.

Based on the occupational status, 49 (81.67%) of primi mothers are housewife, 8 (13.33%) of them are going for daily labour, 3 (5%) of them are going for company job and no one has government job.

With respect to the religion, most of them 55 (91.7%) belong to Hindu religion, 5(8.3%) belongs to Muslim religion and no one belong to Christianity religion.

Majority of primi mothers 49 (81.7%) belong to rural area and 11 (18.3%) of them belongs to urban area.

Based on the weight of primi mothers 39 (65%) had 41-50kg, 14 (23.3%) had 51-60kg, 6 (10%) of them were below 40 kg, and only one (1.7%) was above 60kg.

With regard to food habits all antenatal mothers 60 (100%) were non-vegetarian.

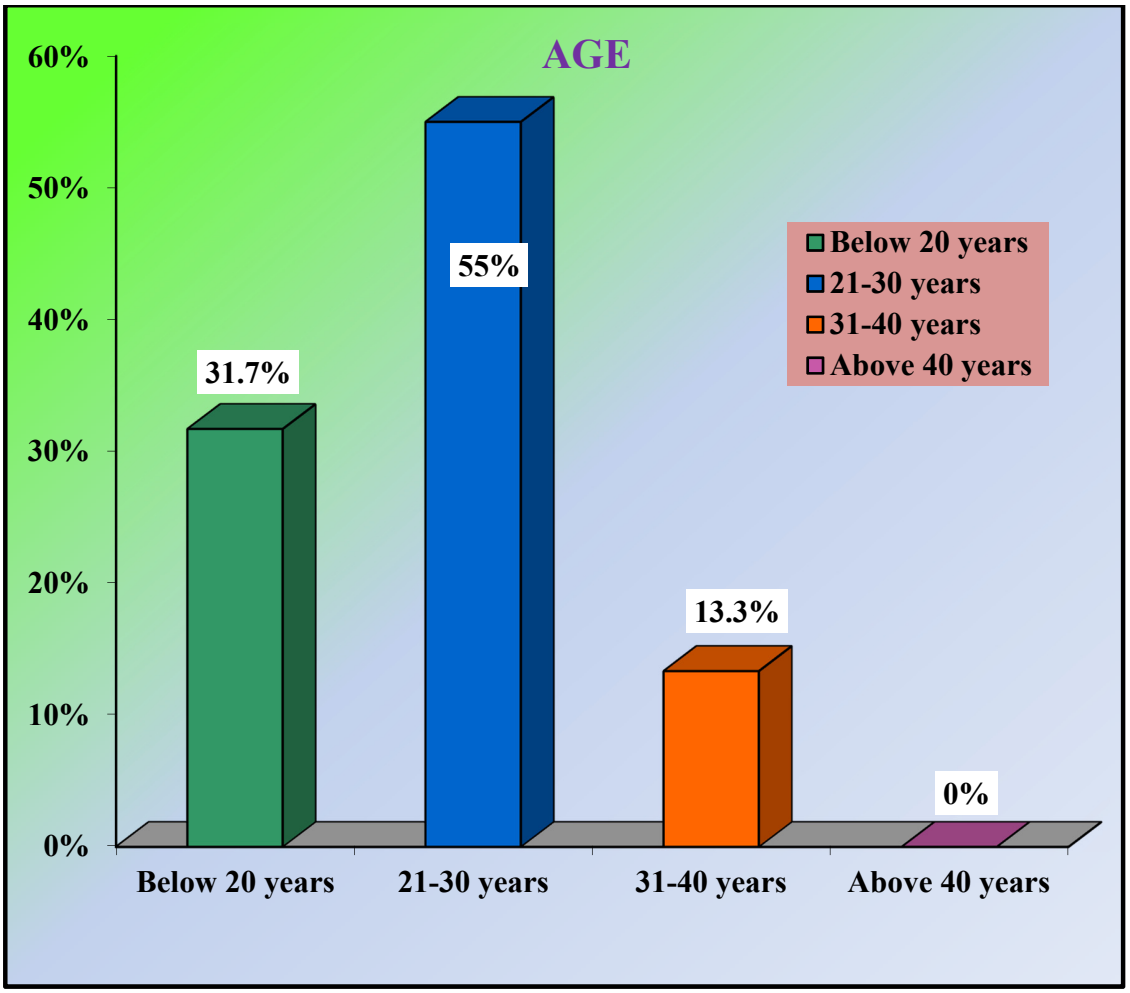


FIGURE 1: Bar diagram depicts distribution of primi mothers according to their age.

Majority of the primi mothers 33 (55%) belonged to the age group of 21-30 years, 19 (31.7%) were below 20 years, and 8 (13.3%) were in the age group of 31-40 years.

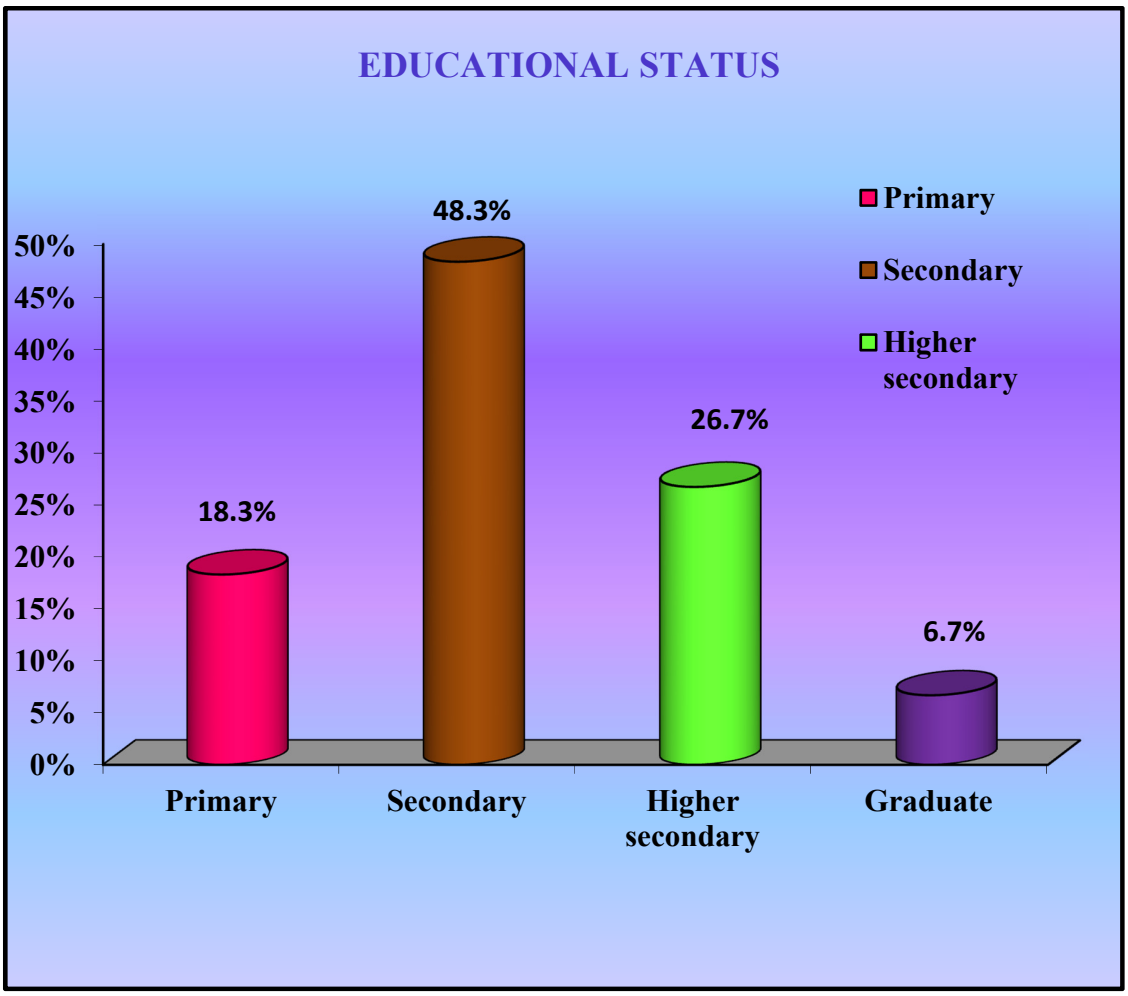


FIGURE 2: Cylinder diagram portrays distribution of primi mothersaccording to educational status

Most of the primi mothers 29 (48.3%) had completed Secondary education, 16 (26.7%) completed Higher secondary education, 11 (18.3%) had completed Primary education and only 4 (6.7%) were Graduates.

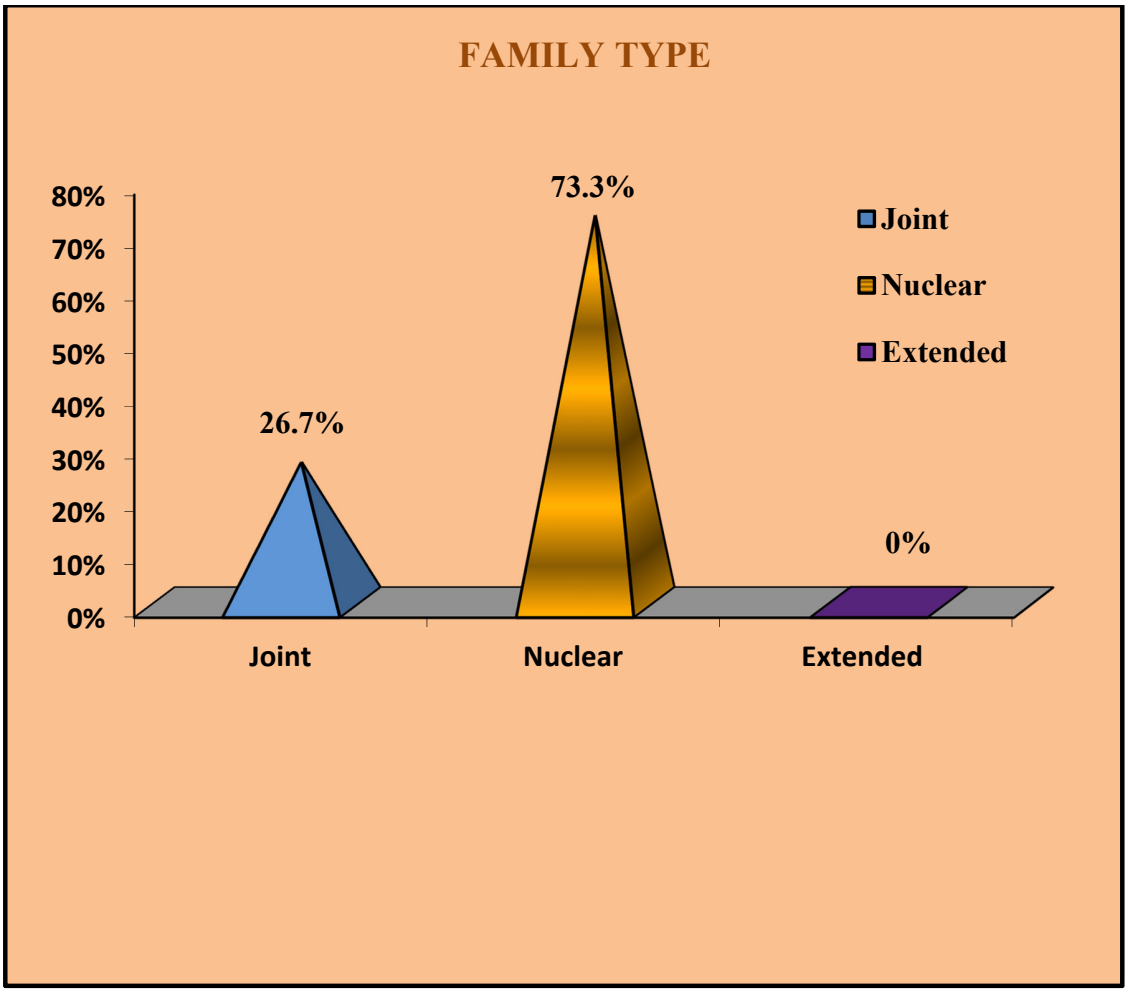


FIGURE 3: Cone diagram identifies distribution of primi mothers according to type of family

Majority of the primi mothers i.e.44 (73.3%) belong to nuclear family, 16 (26.7%) belong to joint family

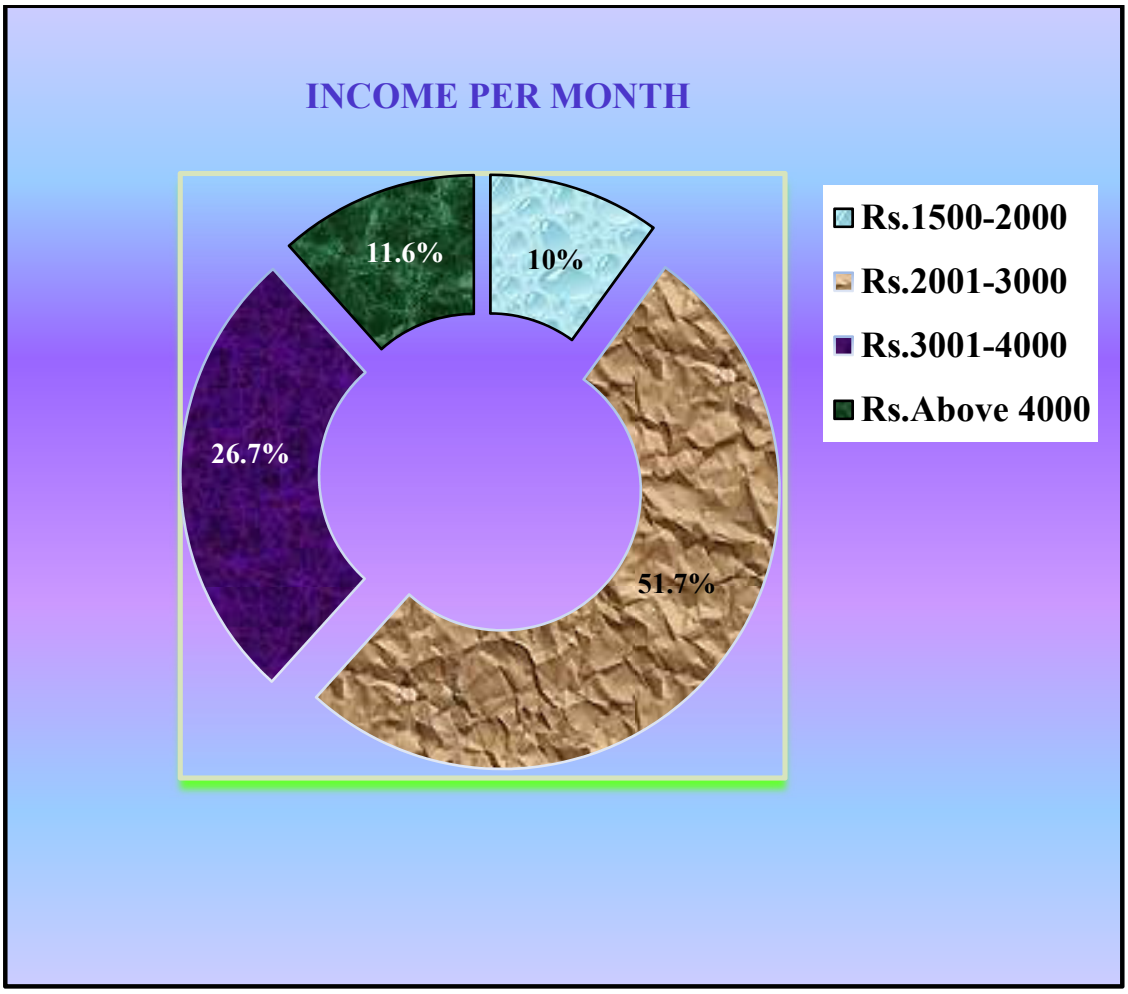


FIGURE 4: Doughnutdiagram narrates distribution of primi mothersaccording to income per month

Most of the primi mothers i.e. 31 (51.7%) got a monthly income of Rs.2001-3000, 16 (26.7%) got a monthly income of Rs. 3001-4000, 7 (11.6%) of them got a monthly income of more than Rs. 4000, and 6 (10%) of them got a monthly income of Rs. 1500-2000.

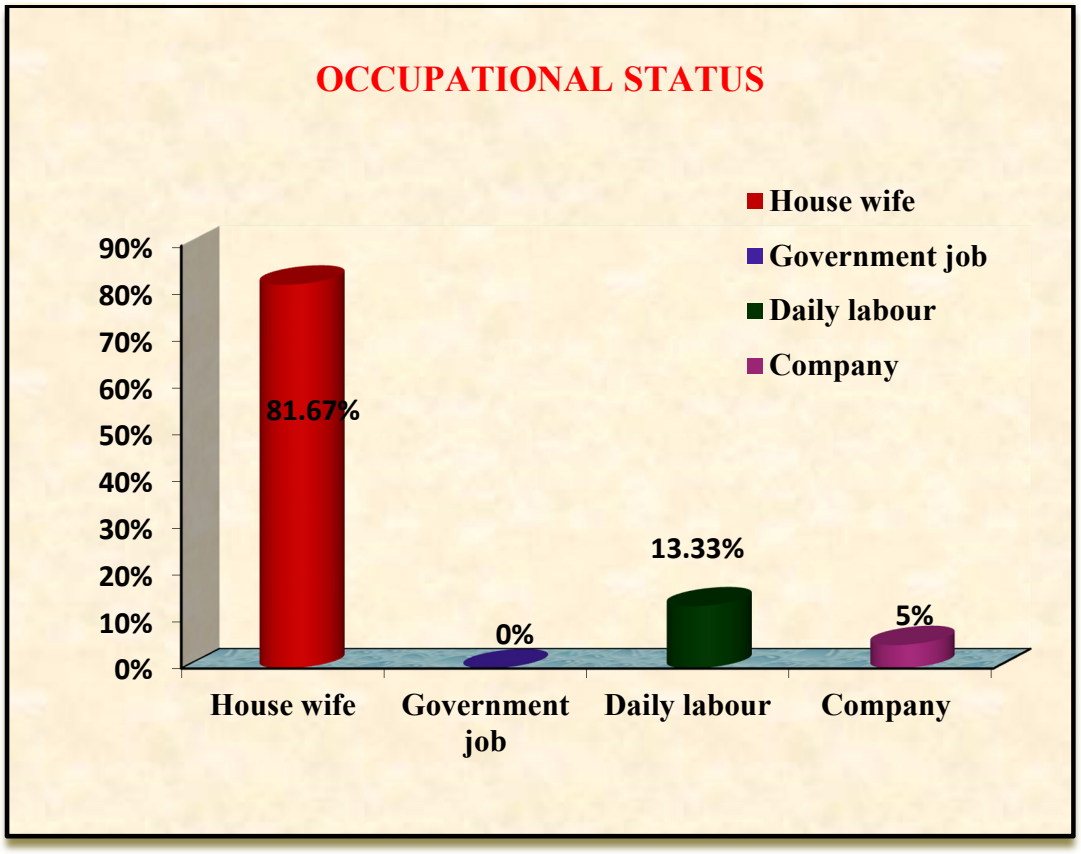


FIGURE 5: Cylinder diagram depicts distribution of primi mothersaccording to occupation

Majority of the primi mothers i.e. 49 (81.67%) were housewife, 8 (13.3%) of them were daily labours and 3 (5%) of them worked in company.

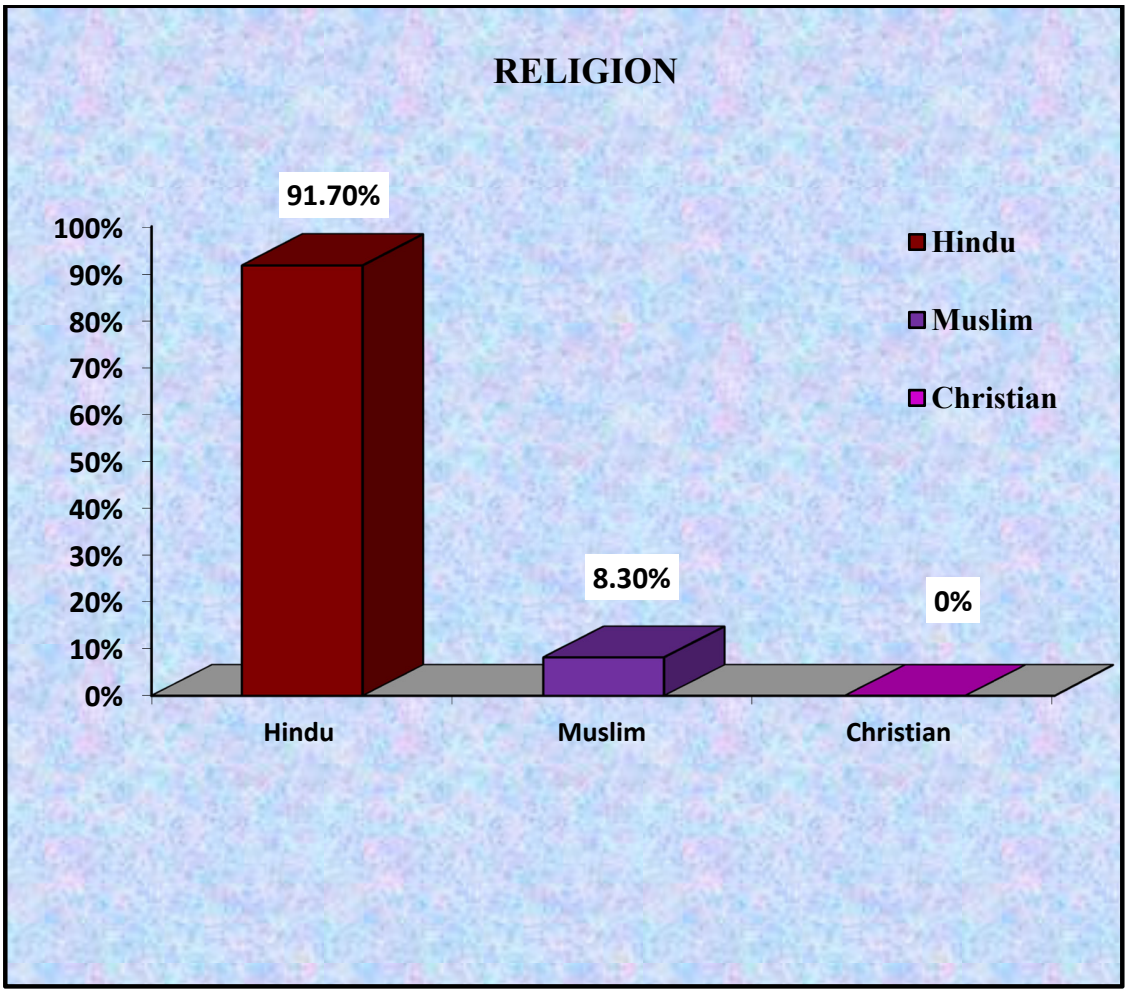


FIGURE 6: Bar diagram manifests distribution of primimothersaccording to religion

Majority of the primi mothers i.e. 55 (91.7%) belongs to Hindu religion, 5 (8.3%) of them were Muslims.

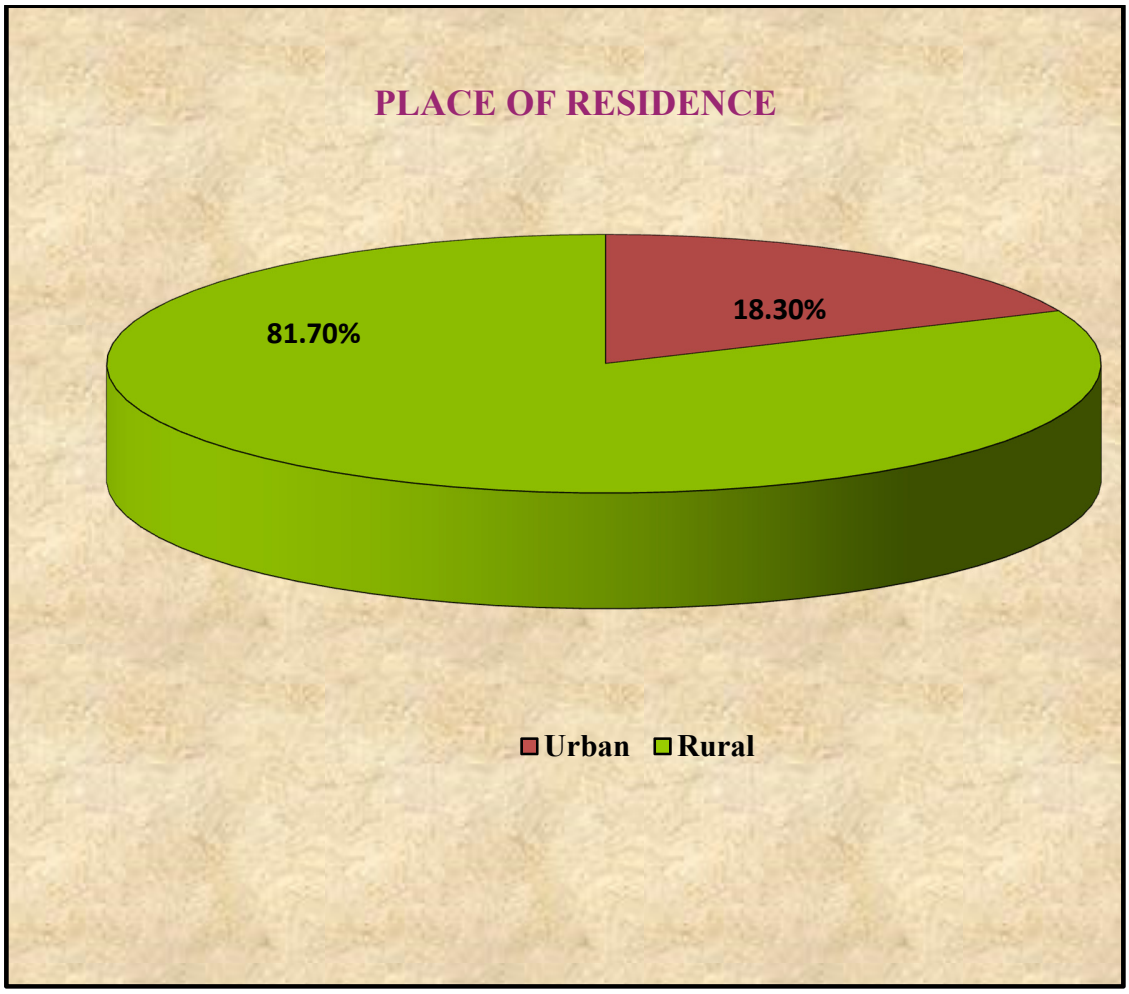


FIGURE 7: Pie diagram depicts distribution of primi mothersaccording to place of residence

Majority of the primi mothers 49 (81.7%) belonged to rural area, 11 (18.3%) of them belonged to urban area

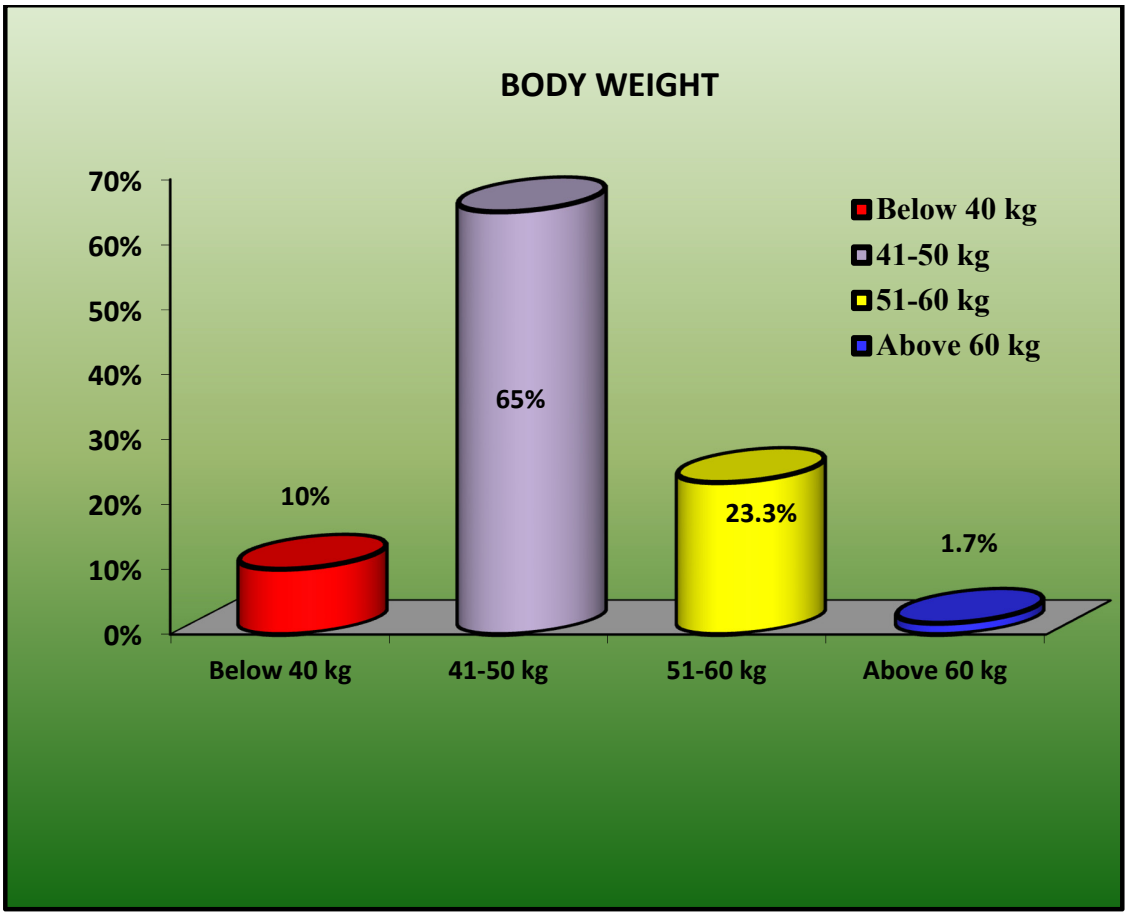


FIGURE 8: Cylinder diagram portrays distribution of primi mothersaccording to body weight

Majority of the primi mothers i.e. 39 (65%) weighed between 41-50kg, 14 (23.3%) of them had 51-60kg of body weight, 6 (10%) of them weighed below 40 kg and only 1 (1.7%) weighed more than 60 kg .

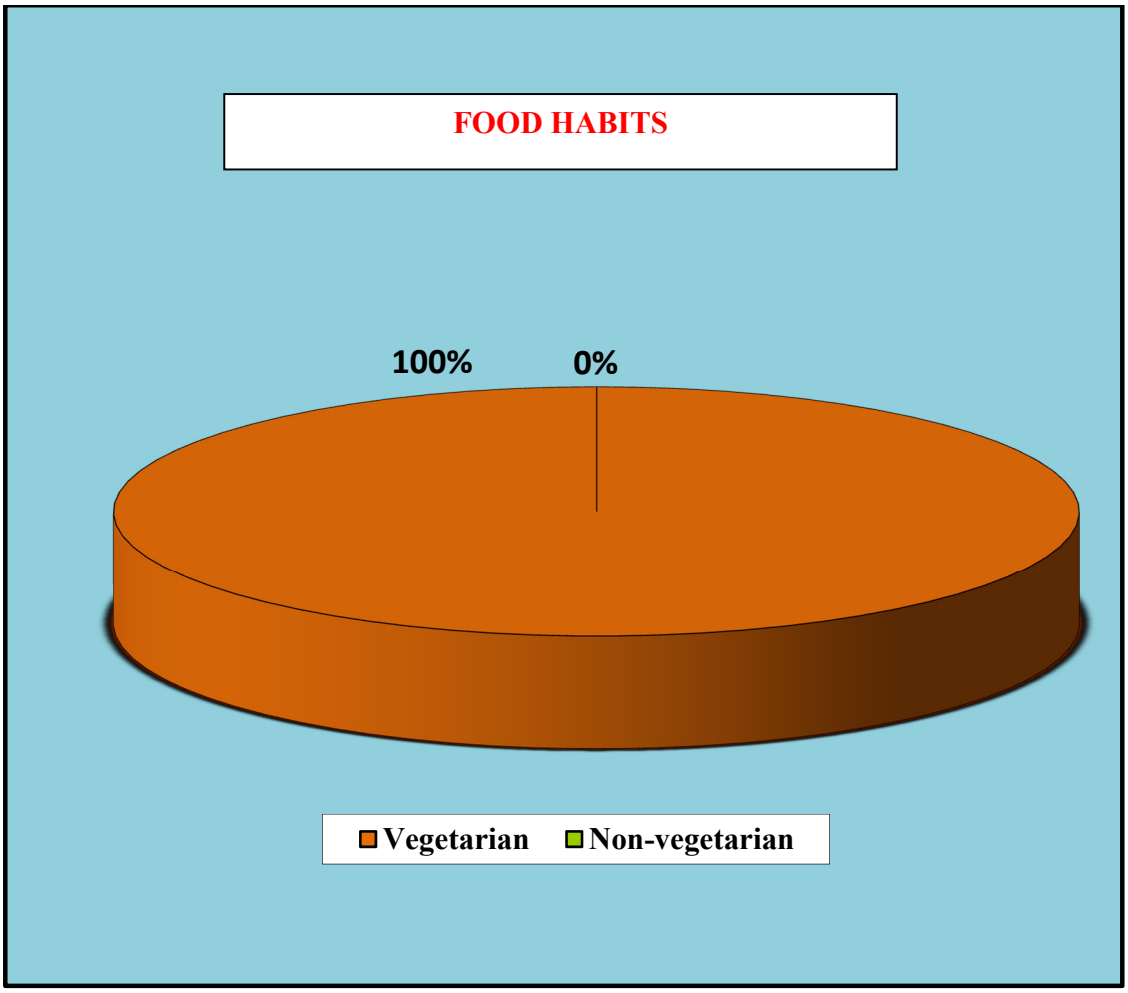


FIGURE 9: Pie diagram depicts distribution of primi mothers according to food habits

All primi mothers i.e. 60 (100%) were Non-vegetarian.

SECTION: B

TABLE 2: DESCRIPTION OF PRETEST LEVEL OF KNOWLEDGE REGARDING MANAGEMENT OF MINOR AILMENTS DURING PREGNANCY AMONG PRIMI MOTHERS .

LEVEL OF KNOWLEDGE	PRETEST	
	FREQUENCY	PERCENTAGE
Inadequate	58	96.7%
Moderate	2	3.3%
Adequate	-	-
Total	60	100%

Above table describes that majority of primi mothers 58 (96.7%) had inadequate knowledge, 2 (3.3%) of them had moderately adequate knowledge and no one had adequate knowledge.

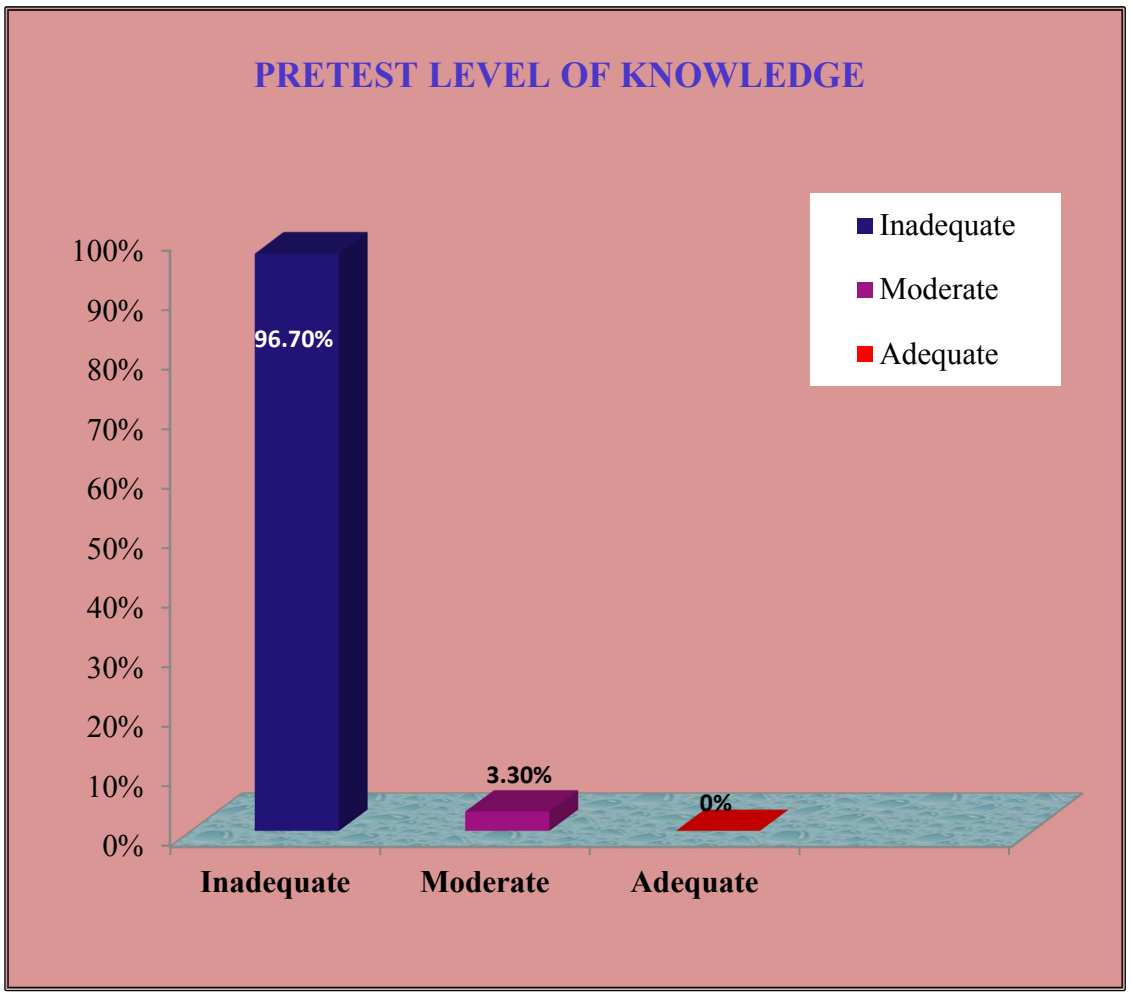


FIGURE 10:Bar diagram depicts distribution of primi mothers according to their pretest level of knowledge regarding management of minor ailments during pregnancy

In pretest majority of primi mothers 58 (96.7%) had inadequate knowledge, 2 (3.3%) of them had moderately adequate knowledge and no one had adequate knowledge.

SECTION: C

TABLE 3: DESCRIPTION OF POSTTEST LEVEL OF KNOWLEDGE REGARDING MANAGEMENT OF MINOR AILMENTS DURING PREGNANCY AMONG PRIMI MOTHERS .

n=60

LEVEL OF KNOWLEDGE	POST TEST	
	FREQUENCY	PERCENTAGE
Inadequate	-	-
Moderate	20	33.3%
Adequate	40	66.7%
Total	60	100

The above table states that in posttest majority of primi mothers 40 (66.7%) gained adequate knowledge, 20 (33.3%) of them gained moderately adequate knowledge.

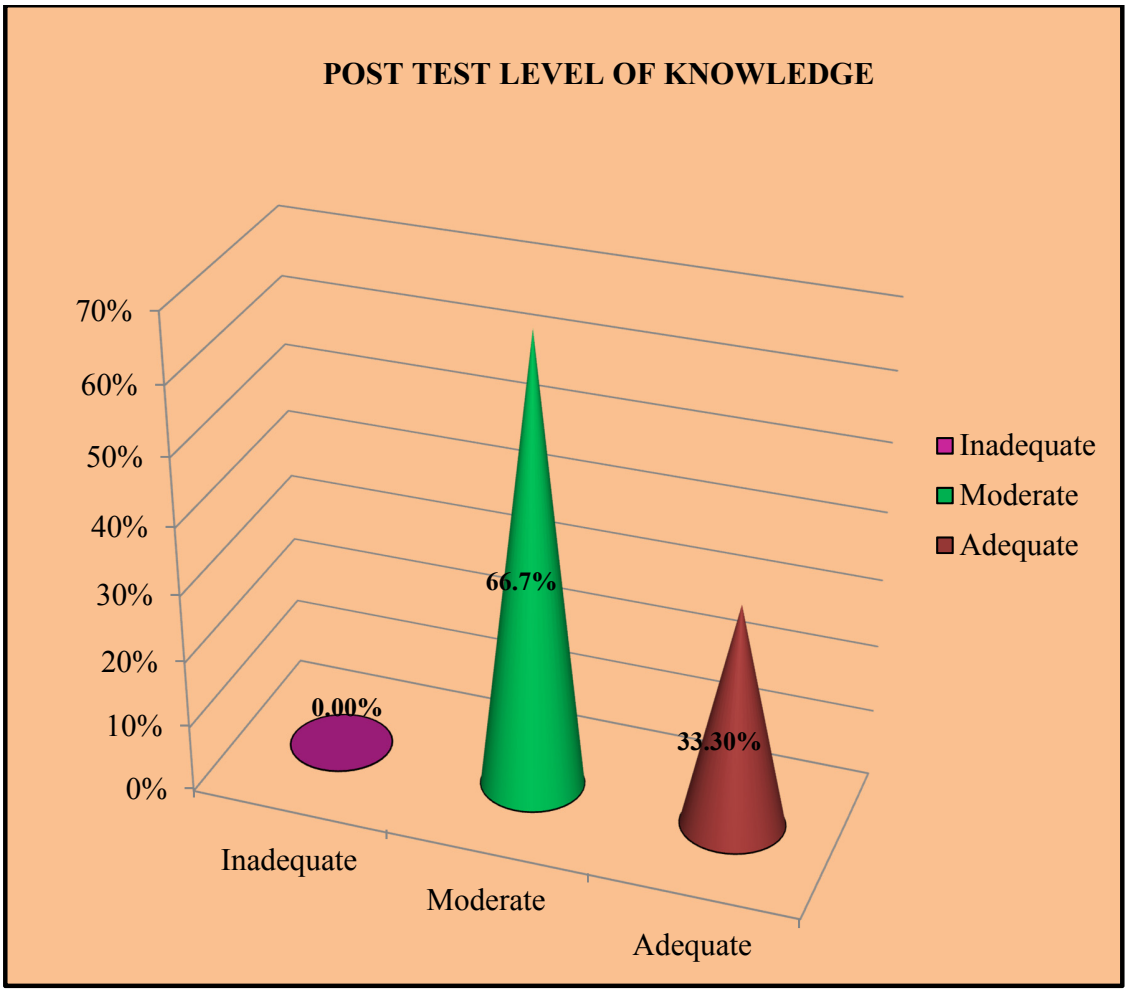


FIGURE 11: Cone diagram depictsdescription of primi mothers according to their posttest level of knowledge regarding management of minor ailments during pregnancy

Inposttest most of the primi mothers about (40) 66.7% of them gained adequate knowledge, and 20 (33.3%) of primi mothers gained moderately adequate knowledge and no one had inadequate knowledge.

SECTION:D

EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING MANAGEMENT OF MINOR AILMENTS DURING PREGNANCY

TABLE 4: Comparison of mean, standard deviation of level of knowledge

n=60

Subjects	Max score	Pre test			Post test			Mean difference %
		Mean	SD	Mean %	Mean	SD	Mean %	
Level of knowledge	30	7.87	2.39	26	24.43	3.67	81	55

The above table reveals that the mean level of knowledge before the intervention is 7.87 and the standard deviation is 2.39. The pre test mean percentage is 26%. After the intervention, it had been increased. The post test mean level of knowledge is 24.43 and standard deviation is 3.67. The post test mean percentage is 81%. The difference between the mean is 55%

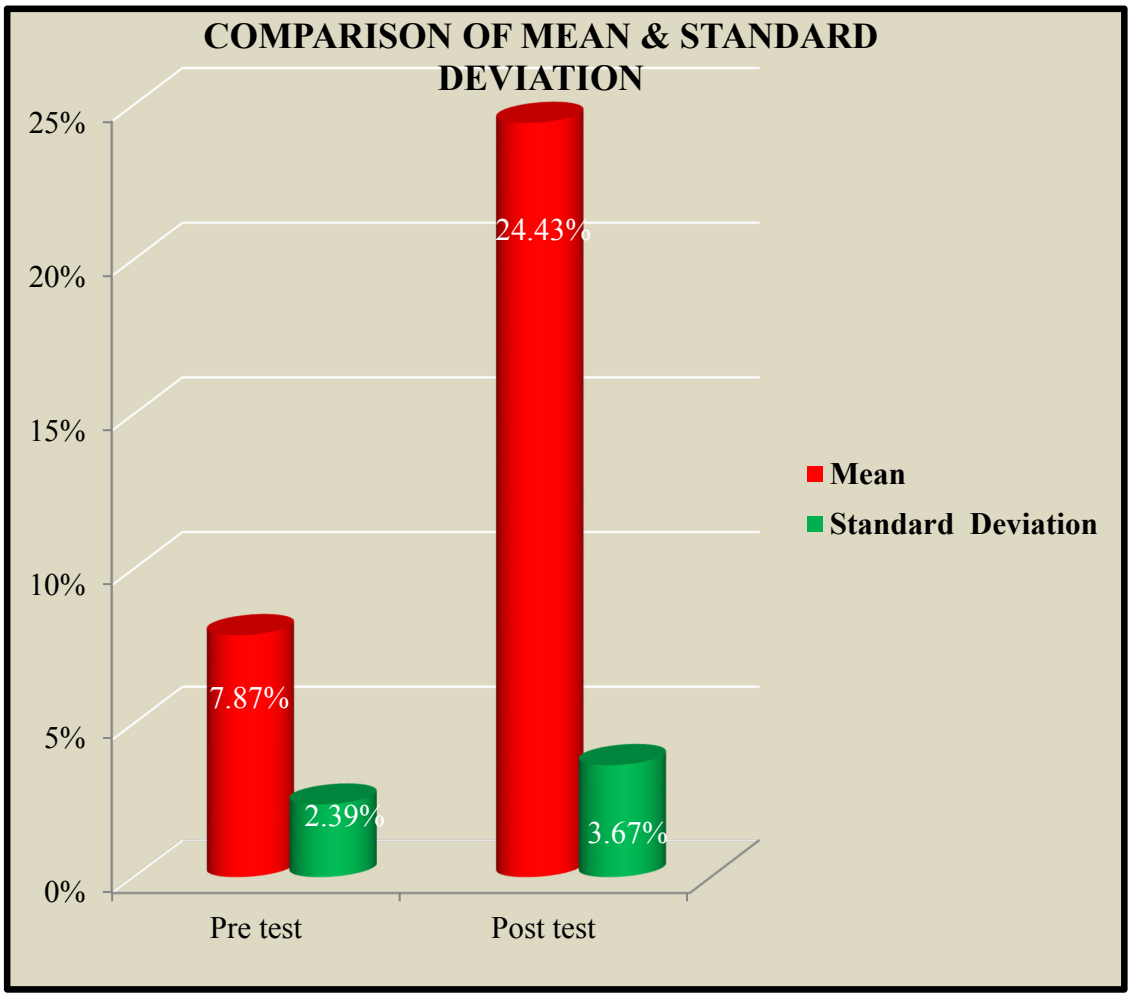


FIGURE 12: Comparison of Mean, Standard Deviation of pretest and post test.

Above cylinder diagram reveals that the mean score of level of knowledge of primi mothers before the intervention is 7.87 and the standard deviation is 2.39. After the intervention, it had been increased. The post test mean score is 24.43 and standard deviation is 3.67. The difference in mean is about 55%.

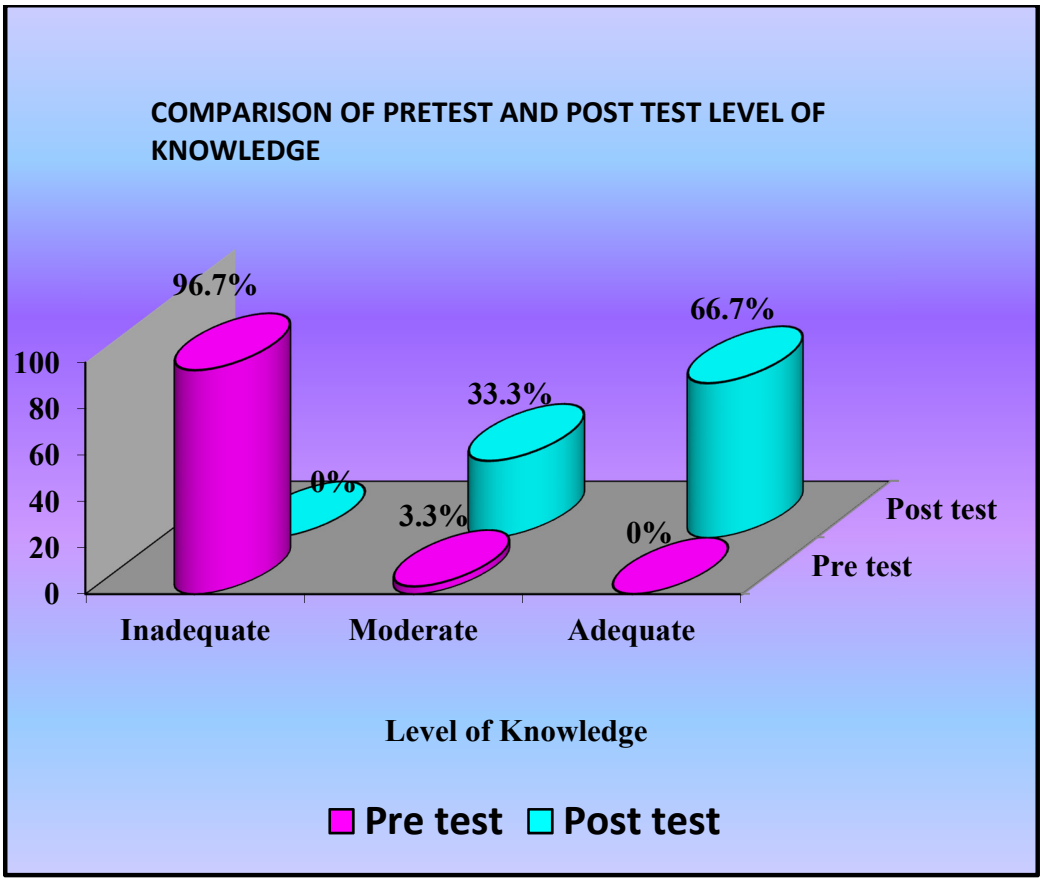


FIGURE 13: Comparison of pretest and post test level ofknowledge of primi mothers on management of minor ailments during pregnancy

Above cylinder diagram shows that, before the intervention no one had adequate knowledge, 3.30% had moderate knowledge and 96.7% had inadequate knowledge. After receiving video assisted teaching 67% of them gained adequate knowledge 33% gained moderate knowledge and no one had inadequate knowledge.

TABLE 5: PAIRED 't' TEST TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING MANAGEMENT OF MINOR AILMENTS DURINGPREGNANCY.

n=60

SUBJECTS	N	PRE TEST		POST TEST		REDUCTION		PAIRED 't' TEST	SIGNIFICANCE
		MEAN	SD	MEAN	SD	MEAN	SD		
LEVEL OF KNOWLEDGE	60	7.87	2.39	24.43	3.67	16.57	1.28	35.14	P<0.0001

Above table reveals that the mean score of knowledge before the intervention is 7.87 and the standard deviation are 2.39. After the intervention, it had been increased. The post test mean score of knowledge is 24.43 and standard deviation is 3.67. The increase in mean is about 16.57 and in Standard deviation is 1.28. The calculated 't' test value is 35.14 and the tabulated value is 2.390 at degrees of freedom of 59. So it is significant at P<0.0001 level.

SECTION-E

ASSOCIATION BETWEEN POST TEST LEVEL OF KNOWLEDGE REGARDING MANAGEMENT OF MINOR AILMENTS DURING PREGNANCY WITH DEMOGRAPHIC VARIABLES

TABLE NO 7: Chi square test to associate the post test level of knowledge among primi mothers with selected Socio demographic variables.

n =60

Demographic Variables	Inadequate		Moderate		Adequate		Total	$\chi 2$	p-value
	f	%	f	%	f	%			
1. Age (in years):									
a)Below 20 years	-	-	12	20	7	11.7	19		
b)21-30 years	-	-	5	8.3	28	46.7	33	12.58	0.002**
c)31-40 years	-	-	3	5	5	8.3	8	(df=2)	
d)Above 40 years	-	-	0	0	0	0	0		
2. Educational Status									
a)Primary	-	-	11	18.3	0	0	11		
b)Secondary	-	-	8	13.3	21	35	29	29.71	0.000***
c)Higher secondary	-	-	1	1.7	15	25	16	(df=3)	
d)Graduate	-	-	0	0	4	6.7	4		
3. Type of Family:									
a)Joint	-	-	8	13.3	8	13.3	16	2.73	0.099
b)Nuclear	-	-	12	20	32	53.3	44		
c)Extended	-	-	0	0	0	0	0	(df=1)	
4. Income /month :									
a)Rs.1500-2000	-	-	3	5	3	5	6		
b)Rs.2001-3000	-	-	8	13.3	24	40	32	3.02	0.388
c)Rs.3001-4000	-	-	7	11.7	8	13.3	15	(df=3)	
d)Rs.Above 4000	-	-	2	3.3	5	8.3	7		

Demographic Variables	Inadequate		Moderate		Adequate		Total	χ2	p-value
	f	%	f	%	f	%			
5. Occupational Status :									
a)House wife	-	-	19	31.7	30	50	49		
b)Government job	-	-	0	0	0	0	0	3.72	0.154
c)Daily labour	-	-	1	3.3	7	11.7	8	(df=2)	
d)Company	-	-	0	0	3	5	3		
6. Place of Residence :									
a)Urban	-	-	4	6.7	8	13.3	12	0	1
b)Rural	-	-	16	26.7	32	53.3	48	(df=1)	
7. Weight of Mothers :									
a) Below 40 kg	-	-	4	6.7	2	3.3	6	4.82	0.09
b)41-50 kg	-	-	10	16.7	30	5	40	(df=1)	
c) 51-60 kg	-	-	6	10	8	13.3	14		
d)Above 60 kg			0	0	0	0	0		
8. Food habits:									
a)Vegetarian	-	-	20	33.3	40	66.7	60	0	1
b)Non-vegetarian	-	-	0	0	0	0	0		

*-P<0.05, significant and **-P<0.01 &***-P<0.001, Highly significant

The above table shows the association of post test level of knowledge with selected demographic variables like age, educational status, income, occupational status, place of residence, weight of mother, food habits.

With regard to age the calculated $\chi 2$ value 12.58 $p< 0.002$ which showed that there was a significant association between age and post test level of knowledge regarding management of minor ailments during pregnancy.

With regard to the educational status , the calculated $\chi 2$ 29.71 $p<0.000$ which showed that there was a significant association between educational status and post test level of knowledge regarding management of minor ailments during pregnancy.

It further revealed that there was no significant association of post test level of knowledge with other selected demographic variables.

Discussion

CHAPTER- V

DISCUSSION

This chapter discuss in detail the findings of analysis in relation to the objectives of the study. The problem stated was to evaluate the effectiveness of video assisted teaching regarding management of minor ailments during pregnancy among primi mothers attending Primary HealthCentre in Samayanallur at Maduari . The investigator adopted Pre experimental design. 60 primi mothers in first trimester were selected and their knowledge regarding management of minor ailments during pregnancy were assessed using Structured knowledge questionnaire . The results are discussed according to the objectives and supporting studies.

FINDINGS BASED ON DEMOGRAPHIC VARIABLES

With respect to age majority of primi mothers,i.e.33(55%) were in the age group of 21-30 years,19 (31.7%) were below 20 years,8(13.3%) were in the age group of 31-40 years and no one was there above 40 years.

Based on the education, 29(48.3%) of primi mothers completed secondary education,16 (26.7%) completed Higher secondary education ,11 (18.3%) completed Primary education and 4 (6.7%) were graduates .

Majority of primi mothers about 44 (73.3%) of them belong to nuclear family, 16(26.7%) of them belong to joint family and no one belong to extended family.

With regard to monthly income , 31(51.7%) of them are having monthly income of Rs 2001-3000,16(26.7%) of them are having the monthly income of Rs 30001-4000,

7(11.6%) of them are having monthly income of more than Rs 4000,only 6(10%) of them are having monthly income of Rs 1500-2000.

Based on the occupational status , 49(81.67%) of primi mothers are housewife, 8(13.33%) of them are going for daily labour ,3 (5%) of them are going for company job and no one has government job.

With respect to the religion ,most of them 55(91.7%) belong to Hindu religion, 5(8.3%) belongs to Muslim religion and no one belong to Christianity religion.

Most of primi mothers 49(81.7%) belonged to rural area and 11(18.3%) of them belonged to urban area.

Based on the body weight of primi mothers 39(65%) had 41-50kg, 14(23.3%) had 51-60kg , 6(10%) of them were below 40 kg, and only one (1.7%) was above 60kg.

With regard to food habits all primi mothers 60 (100%) were non-vegetarian.

FINDINGS BASED ON THE OBJECTIVES

The first objective was to assess the level of knowledge regarding management of minor ailments during pregnancy among primi mothers.

The analysis on pretest level of knowledge revealed that out of 60 primi mothers majority of subjects 58(96.7%) had inadequate knowledge, 2(3.3%) of them had moderately adequate knowledge and no one had adequate knowledge.

The present study was consistent with the study conducted by **Delma pinto, Dhilshad, Emily, Honey, Jeethy, Archaprem ,(2014)** about knowledge on minor ailments of pregnancy and its management among antenatal mothers.100 antenatal mothers were selected by non probability purposive sampling technique. A non experimental descriptive survey design was adopted and knowledge was assessed using structured knowledge questionnaire. The study reveals that 17 percentage of mothers had good knowledge, 49 percentage of mothers had average knowledge, 34 percentage had poor knowledge. The mean percentage of knowledge of the antenatal mothers regarding minor ailments of pregnancy and its management was 3.33 percentages.

The present study was supported by another study conducted by **K.Bhuvaneswari (2010)** to assess the knowledge on minor ailments of pregnancy and home remedies among mothers at outpatient department, Sri Ramachandra Hospital,Chennai. 30 antenatal mothers were selected by convenient sampling .Non experimental design was used. The results showed that 13(43%) had inadequate knowledge ,13(43%) had moderate knowledge and 4 (14%) had adequate knowledge.

Another study also support the present study which is conducted by **Karuna Sharma (2013)** to assess the primigravida mothers knowledge about antenatal care among 60 primi mothers attending antenatal clinic of Sri Guru Ramdass Medical College Hospital, Amristar , Punjab. A descriptive research design was used. The results showed that 66.7% subjects had moderately adequate knowledge, 18.3% had adequate knowledge and 15% had inadequate knowledge.

One more study also support the present study which is conducted by **Ganapathy K.M (2006)** to assess the knowledge and practice of antenatal mothers regarding minor ailments and their remedies in selected hospitals of Dakshina kannada.100 antenatal mother was selected by multistage random sampling. A descriptive co relational survey was employed. The results showed that majority of antenatal mothers (87%) had average knowledge regarding minor ailments and their remedies. The mean percentage of knowledge score of antenatal mother was 52.73 .In relation to practice majority of the antenatal mothers (88%) belonged to average category. The mean percentage of practice score was 55.2.

The second objective was to evaluate the effectiveness of video assisted teaching on management of minor ailments during pregnancy among primi mothers.

Video assisted teaching regarding management of minor ailments during pregnancy t was given to primi mothers for 20 minutes in morning for 4 consecutive days.After the intervention the mean post test score was 24.43.In the post test 66.7% gained adequate knowledge, 33.3% gained moderate knowledge and none of them had inadequate knowledge. The difference in mean percentage is about 55%. The calculated 't'value was 35.14 which is highly significant at $p<0.0001$ level and it indicates that the intervention is very much effective.

The present study was consistent with study conducted by **Jessey Joykumar Jacob(2012)** to evaluate the effectiveness of a structured teaching programme on anxiety and knowledge regarding self management of minor disorders of pregnancy among primi gravidae mothers attending antenatal clinic in Kinaye primary health centre, Belgaum

Karnataka.50 antenatal mothers were selected by using purposive sampling .One group pretest post test, pre experimental design was used.The results showed that mean post test anxiety scores (21.58±4.37) was less than pretest anxiety scores (70.78±1).The mean post test knowledge scores (21.58±4.37) was higher than the mean pretest knowledge scores (11.0±3.28).The mean difference in knowledge score was 10.58.Paired 't'test results showed significant gain in knowledge ($p<0.05$) which showed that teaching was effective.

The present study was supported by a study conducted by **Shiromani George (2006)** to evaluate the effectiveness of planned teaching programme on the management of selected minor ailments in terms of home remedies of primigravidae mothers during first trimester of pregnancy in selected hospitals of Banglore.50 primigravidae mothers under the age 18-25 years with 4-20 weeks of pregnancy who attended Vanivilas Hospital OPD Banglore were selected by purposive sampling .Descriptive survey research approach was adopted.The findings of study shows that posttest mean score was71.75% SD-9.7 higher than pretest mean score 22.83% and SD-5.8.Paired t value was found to be 39.60 which is significant at 5% level which shows that teaching programme is effective.

Thus the Hypothesis 1 (H_1) **There is a significant difference between pretest and post test level of knowledge regarding management of minor ailments during pregnancy among primi mothers was accepted.**

The third objective was to associate the level of knowledge regarding management of minor ailments during pregnancy among primi mothers with selected demographic variable.

In the present study with regard to age ,the calculated $\chi 2$ value 12.58 $p<0.002$ which showed that there was a significant association between age and post test level of knowledge. With regard to the educational status , the calculated $\chi 2$ 29.71 $p<0.000$ which showed that there was a significant association between educational status and post test level of knowledge.. It further revealed that there was no significant association of post test level of knowledge with other selected demographic variables.

The present study was consistent with the pre experimental study conducted by **Laxmi kumar(2014)** to assess the effectiveness of self instructional module on the level of knowledge regarding selected minor ailments and their remedial measures among pregnant women in community health centre in Uttarakhand. 60 antenatal mothers were selected using simple random sampling. The mean post test knowledge score was (25.3±4.3) which was higher than the pretest mean score (18.16±4.8).Calculated t value was 8.6 which is significant at 5% level. Education and type of family was found to be associated with knowledge of antenatal mothers regarding minor ailments of pregnancy and its management.

Thus the Hypothesis 2 (H_2) **There is a significant association between level of knowledge with selected demographic variables was accepted.**

Summary, Conclusion & Recommendations

CHAPTER –VI

SUMMARY AND CONCLUSION

This chapter contains the summary of the study conducted and the conclusions which were extracted from the data analysis. It tells about the limitation and restrictions for the study and also the implications for the conducted study in different areas like Education, Nursing Administration, Nursing practice and Nursing Research.

6.1 SUMMARY

The present study was aimed to assess the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy.

The **objectives** of the study were

- To assess the level of knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary HealthCentre in Samayanallur at Maduari.
- To evaluate the effectiveness of video assisted teaching regarding management of minor ailments during pregnancyamong primi mothers attending Primary HealthCentre in Samayanallur at Maduari.
- To associate the level of knowledge regarding management of minor ailments during pregnancy among primi mothers with selected demographic variables.

The study **assumptions** were

Primi mothers experience minor ailments during pregnancy.

Minor ailments affect the daily activities of primi mothers.

Primi mothers show interest to see the video regarding management of minor ailments during pregnancy.

The following **hypotheses** were tested

- H1 : There is a significant difference between the pretest and post test level of knowledge regarding management of minor ailments during pregnancy among primi mothers.

- H2: There is a significant association between level of knowledge regarding management of minor ailments during pregnancy among primi mothers with selected demographic variables.

The broad review of literature, professional experience and experts guidance provided the strong foundation for the study including the basis for the conceptual framework and formation of the tool. The conceptual framework for this study was developed based on Modified CIPP Model of Program Evaluation .(Stufflebeam Daniel.L.1971) and theory focuses on Programme Evaluation and the concepts of the theory are Context, Input, Process and Product. This study was conducted at Primary Health Centre, Samayanallur. One group pretest and post test design was used in this study. The sample for the study was primi mothers attending Primary Health Centre,Samayanallur who met the inclusion criteria. The total subjects included in this study were 60, selected by consecutive sampling technique. The data collection tool consists of two sections , demographic variable and structured questionnaire.

The tool was validated by 4 experts including 3 Nursing experts and Head of Department of Obstetrics and Gynaecology, Government Rajaji Hospital, Madurai. The reliability of tool is checked by test retest method and obtained 'r value is r =0.83.

Data collection was carried out for five weeks. Before that pilot study was conducted to check out the feasibility and possibility of the study. The entire samples were collected in four weeks .The pretest was conducted to assess the knowledge regarding management of minor ailments during pregnancy. Followed by the pretest Video assisted teaching on management of minor ailments during pregnancy was given for 20 minutes in morning for four consecutive days. The post test was conducted on eighth day using structured knowledge questionnaire to assess the effectiveness of video assisted teaching. Data were analyzed by using both descriptive and inferential statistics.

6.2 MAJOR FINDINGS OF THE STUDY

- Regarding age majority of primi mothers , 33(55%) were in the age group of 21-30 years.
- Based on the education of mother, 29(48.3%) of primi mothers completed secondary education.
- Majority of primi mothers about 44 (73.3%) of them belong to nuclear family.
- With regard to monthly income of family,31(51.7%) of them are having monthly income of Rs 2001-3000.
- Based on the occupational status , 49(81.67%) of primi mothers were housewife.

- With respect to the religion ,most of them 55(91.7%) belonged to Hindu religion.
- Most of the primi mothers 49(81.7%) belonged to rural area.
- Maximum of primi mothers 39(65%) had body weight of 41-50kg.
- With regard to food habits all primi mothers 60 (100%) were nonvegetarian.

The pretest level of knowledge revealed that out of 60 subjects 58(96.7%) had inadequate knowledge, 2(3.3%) of them had moderately adequate knowledge and no one had adequate knowledge. In the post test after video assisted teaching on management of minor ailments during pregnancy none of them had inadequate knowledge, 40(66.7%) gained adequate knowledge,20 (33.3%) gained moderately adequate knowledge .

The calculated 't value (35.14) was much higher than table value at P<0.0001.Thus inferential statistical method proved that the difference in the mean scores showed a significant change in the level of knowledge regarding management of minor ailments during pregnancy. Thus video assisted teaching on management of minor ailments during pregnancy was effective in improving knowledge of primi mother.

There was association found between selected demographic variables and post test level of knowledge such as age and educational status .

6.3 CONCLUSION

The study findings shows that video assisted teaching was effective in terms of improving knowledge regarding management of minor ailments during pregnancy.Most pregnancy related problems can be effectively prevented or managed.

6.4 IMPLICATIONS OF THE STUDY

The investigator has drawn implications from this study for various areas such as in Nursing practice, Nursing education, Nursing Administration and Nursing Research.Most pregnancy related problems can be effectively prevented or managed.

NURSING SERVICE

- Home remedies of minor ailments of pregnancy can be practiced as a routine nursing care.
- Nurses have the responsibility to impart knowledge and promote positive attitude towards minor ailments of pregnancy and its management.
- Educational Programme conducted by Nursing Personnel both in hospital and community help in promoting the home remedies for minor ailments of pregnancy and thus prevent complications.
- In the clinical setting management of minor ailments of pregnancy is used as an adjunct therapy combined with medical treatment.

NURSING EDUCATION

- Nurses who are working in community area should be expected to have thorough knowledge in identification of high risk pregnancy and quick assessment skills and management of minor ailments of pregnancy and preventing complication.
- Nurses should possess updated knowledge of self care practices of minor ailments during pregnancy ,so that they would be able to impart appropriate knowledge to the primigravid mothers.

- Nursing students should be made aware of the importance of educating the public regarding management of minor ailments of pregnancy.
- Nursing educators should emphasize health education of minor ailments during pregnancy and their home remedies as a part of learning experience for the students.
- The current concepts and trends about various teaching packages should be included in the nursing curriculum.
- Nursing at the post graduate level have to develop their skills in preparing health teaching materials according to the level of community understanding.
- Inservice education programme for the health workers and nursing personnel's must be carried to improve their knowledge on minor ailments of pregnancy and its management.

NURSING ADMINISTRATION

- The nurse administrator should take interest in providing health information regarding minor ailments of pregnancy and its management.
- The nurse administrator must supervise the activities related to improving the health of mother with minor ailments of pregnancy.
- The nursing administrators should plan health education on a daily basis. The nursing administrators should provide in service education regarding minor ailments for nurses to improve effectiveness of patient care.
- The nurse administrator can also encourage the nurses to use different audio visual aids to improve the knowledge of people living in rural area.

- Administration support should be provided to conduct inservice education programme related to minor ailments of pregnancy and its management.
- Nursing administration at hospital/community level should evaluate the effectiveness of health programme related to pregnancy.
- Nurse administrator should allot separate budget for community programs.

NURSING RESEARCH

- Nurse should take initiative to conduct research on the prevalence and severity of problems related to minor ailments of pregnancy.
- The nurse researcher should motivate the clinical and community nurse to apply research findings and can bring out new cost effective and innovative procedures to improve the knowledge and attitude of minor ailments of pregnancy and its management among antenatal mothers.
- This study can be a baseline for future studies and this study can be inspired by other investigators to carry out further studies.
- The publication of research findings help in improving the knowledge of people.

RECOMMENDATION

The following recommendations have been made for the further studies.

- The study can be replicated with a large sample size.
- A similar study can be replicated with a control group.
- A comparative study can be done between a rural and urban community.
- A comparative study can be done between self structured teaching programme and Video assisted instruction to evaluate effectiveness in terms of improving knowledge and attitude regarding minor ailments of pregnancy and its management.

References

REFERENCES

BOOK REFERENCE:

1. Adelle Pillitery. (2006). *Maternal and Child Health Nursing.* (2 Eds).New Delhi:Lippincott and Williams Publishers.
2. Ann Marrianer Tomy & Marth Rouile Alligood. (1998). *Nursing Theories and their work*. Mosby: Philadelphia.
3. Basavanthapa, B.T. (2006). *Textbook of midwifery and reproductive health*.New Delhi: Jaypee Brothers Company.
4. Bobak Jensen.(2009). *Maternity and Gynecologic Care.* (5 Eds).New Delhi: Mosby Publication.
5. Brown.K. Linda, Bennet Ruth,V. (2010). *Myles text book for midwives*. (12 Eds). NewYork: Churchill living stone.
6. Danfortis.(2010). *Obstetrics & Gynecology*.Calcutta: (9 Eds).Lippincott & Williams Publication.
7. Dannel E, Shaon, Wong and perry, (1998). *Maternal and child nursing care*. C.V. Mosby: Philadelphia.
8. Denise F. Polit & chery Tatano beck. (2004). *Nursing Research*. (7 eds). New Delhi: Lippincott Williams and Wilkins.
9. Dutta. D. C. (2004). *Text book of gynaecology including perinatology* and contraception. (6 th ed). Kolkatta: New central book agency (p) Ltd.
10. Dutta.,D. C. (1998). *Text book of obstetrics*. (5 Eds). Calcutta: New central book agency.

11. Fawcett Jacquiline. (1989). *Analysis and evaluation of conceptual Model of Nursing.* Philadelphia: F.A. Davis.

12. Gary Cunningham, Kenneth .J.Lenevo, Spong.Y.John.C.Havth, Catherine.(2008). *Williams obstetrics*.(23 Eds).London: McGraw Hill companies

13. Geri Lobiondo-Wood., & Judith Haber. (2006). *Nursing Research*. **(**6 Eds.). St. Louis: Mosby publications.

14. Gupta, S.P. (1991). *Statistical Methods*. (3 Eds.). New Delhi: Sultan Chand.

15. Indrani,TK. (2003). *Textbook of Midwifery.* New Delhi: Jaypee brothers medical publishers.

16. Irene, Bobak, M. & Jensen Duncan Margret. (1995). *Essentials of maternity nursing.* (4 Eds). C. V. Mosbys: Philadelphia.

17. Jacob Annamma. (2008). *A comprehensive text book of midwifery.* (2 Eds). New Delhi: Jaypee publications.

18. Jill Mantle, Jeanett Haslam,Sue barton. (2006). *Physiotherapy in Obstetrics and Gynaecology*. (2 Eds). London: Elsevier ltd.

19. Joh Shidd. (2005). *Progress in Obstetric Gynecology*. United kingdom: Elsevier sciences ltd.

20. Kothari. (2000). *Text book of methodology*. (2 Eds). New Delhi: Vishva parkson publication.

21. Krishna Menon,MK.Palaniappan.(2003).*Clinical obstetrics*.(9 Eds)Chennai: Orient longmen private ltd.

22. Lowdermilk Diettra leonard.& Perry E Shannon . (2007). *Maternity and woman health*. (9 Eds). Missouri: Mosby Elseiver.

23. Lynner Y. Littleton. et al., *Maternal neonatal and woman health Nursing*. Canada: Delmar Company.

24. Lynner Y. Littleton. et al., *Maternal neonatal and woman health Nursing*. Canada: Delmar Company

25. M C Kinney. (2009). *Maternal-Child Nursing*. (2 Eds).Philadelphia Elsevier publishers.

26. McMillan,J.H. (1989). *Research in education conceptual introduction.* New York: Harper collies.

27. Nancy Burns., & Susan K Grove. (2007). *Understanding Nursing Research***.** **(**4 Eds)

28. Panay., Dutta., Ryan., Broadbent.(2005).*Obstetrics and Gynaecology*. London: Mosby publishersPhilip.N.Baker. (2006).*Obstetrics by ten teachers*.(16 Eds). India: Jaypee brothers medical publishers.

29. Polit. Hungler. (2004). *Nursing Research Principles and Methods*. (6 Eds) Philadelphia: Lippincott Company.

30. Reeder. (2006). *Maternity Nursing*. (18 Eds).Philadelphia: Lippincott publishers.

31. Richa Saxena. (2012). *Snapshots in obstetrics and gynecology*. Newdelhi: Jaypee brothers medical publishers.

32. Roger.P.Smith.(2002). *Netter's Obstetric Gynaecology and women's health*. Canada: Icon learning systems

33. Rose Marie Linda. (2008). *Foundations of Nursing Research.* (5 Eds). New Delhi: Pearson

34. Ruth Bennet.V .(2005). *Myles Text Book for Midwives*. (14 Eds). Calcutta: English Language Book Society

35. Sharon Smith Murray. et.al. (2006). *Foundation of maternal and newborn nursing*. (4 th Eds). Philadelphia: Saunders Company.

36. Shashank.V.(2000).*Handbook of practical gynaecology and obstetrics*. Mumbai: Vora medical publishers,

37. Sodashy.,&Yalfe, B.J. (1993). *Nursing theory analysis application and evaluation*. (2 nd ed) Boston: Little Brown.

38. Sunders Rao. PS. (1990). *An introduction to biostatistics.* (3 eds). New Delhi: prince hall publications.

39. Susan A. Orshan.(2008). *Maternity, Newborn & women's Health Nursing*. New Delhi: Lippincott & Williams Publication.

40. Thresamma,CP. (2006). *A guide to Midwifery students*. India: Jaypee brothers medical publishers.

41. Virkud, ajit.(2010). *Practical obstetrics and gynaecology*.(4 Eds).Mumbai: APC publishers.

42. Wong and Perry. (2006). *Maternal and Child nursing care*. (3 Eds). Philadelphia: Mosby publications.

JOURNAL REFERENCE

1. Abramowitz L, Sobhani I, Benifla JL, Vuagnat A, Daraï E, Mignon M, Madelenat P.(2002).Anal fissure and thrombosed external hemorrhoids before and after delivery.*Dis Colon Rectum*,45(5),650-5.
2. Agampodi, S. B., Wickramasinghe, N. D., Horton, J., & Agampodi, T. C. (2013). Minor ailments in pregnancy are not a minor concern for pregnant women: a morbidity assessment survey in rural Sri Lanka. *PloS one*, 8(5), e64214.
3. Akmeşe, Z. B., & Oran, N. T. (2014). Effects of Progressive Muscle Relaxation Exercises Accompanied by Music on Low Back Pain and Quality of Life During Pregnancy. *Journal of Midwifery & Women's Health*, 59(5), 503-509.
4. Amasha, H. A., & Heeba, M. F. Maternal Awareness of Pregnancy Normal and Abnormal Signs: An Exploratory Descriptive Study. *Journal of Midwifery & Women's Health*, 65(5), 500-509.
5. Bradley, C. S., Kennedy, C. M., Turcea, A. M., Rao, S. S., & Nygaard, I. E. (2007). Constipation in pregnancy: prevalence, symptoms, and risk factors. *Obstetrics & Gynecology*, 110(6), 1351-1357.
6. Brixval, C. S., Axelsen, S. F., Andersen, S. K., Due, P., & Koushede, V. (2014). The effect of antenatal education in small classes on obstetric and psycho-social outcomes: a systematic review and meta-analysis protocol. Systematic reviews, 3(1), 12.
7. Dall'Alba V, Fornari F, Krahe C, Callegari-Jacques SM, Silva de Barros SG. (2010).Heartburn and regurgitation in pregnancy: the effect of fat ingestion.*Dig Dis Sci*, 55(6),1610-4.

8. Dante G, Bellei G, Neri I, Facchinetti F.(2014).Herbal therapies in pregnancy: what works?*Current Opinion Obstetrics Gynecology*,26(2),83-91.

9. Einarson, T. R., Piwko, C., & Koren, G. (2012). Prevalence of nausea and vomiting of pregnancy in the USA: a meta analysis. *Journal of population therapeutics and clinical pharmacology*, 20(2), e163-70.

10. Fill Malfertheiner S, Malfertheiner MV, Mönkemüller K, Röhl FW, Malfertheiner P, Costa SD.(2013).Gastroesophageal reflux disease and management in advanced pregnancy: a prospective survey.*Digestion*,79(2),115-20.

11. Hammar, M., Larsson, L., & Tegler, L. (1981). Calcium treatment of leg cramps in pregnancy: Effect on clinical symptoms and total serum and ionized serum calcium concentrations. *Acta obstetricia et gynecologica Scandinavica*, *60*(4), 345-347.

12. Hegazy, S. M., Mohamed, H. A., Ragheb, S. G., & Essam, S.(2013). Non-Pharmacological Methods and Night Leg Cramps among Patients Having Varicose Veins.Newyork Science Journal,6(3),9-16.

13. Johnson P, Mount K, Graziano S. (2014). Functional bowel disorders in pregnancy: effect on quality of life, evaluation and management.*Acta Obstet Gynecol Scand*,93(9),874-9.

14. Knudsen A, Lebech M, Hansen M.(2012).Upper gastrointestinal symptoms in the third trimester of the normal pregnancy.*European Journal Obstetrics Gynecology Reproductive Biology*,60(1),29-33.

15. Kristin M. Behrenz, Manju Monga.(2011).Fatigue in pregnancy: a comparative study.*American journal of peinatology,*16(04),185-188.

16. Marrero, J. M., Goggin, P. M., Caestecker, J. D., Pearce, J. M., & Maxwell, J. D. (1992). Determinants of pregnancy heartburn. BJOG: *An International Journal of Obstetrics & Gynaecology*, 99(9), 731-734.

17. Mens JM, Huis in 't Veld YH, Pool-Goudzwaard A. (2012). Severity of signs and symptoms in lumbopelvic pain during pregnancy.*Man Ther*,17(2),175-9.

18. MJ Shim, YS Lee, HE Oh, JS Kim.(2007). Effects of a back-pain-reducing program during pregnancy for Korean women: A non-equivalent control-group pretest–posttest study.*International journal of nursing studies*,44(1),19-28.

19. Mohseni-Bandpei, M. A., Fakhri, M., Ahmad-Shirvani, M., Bagheri-Nessami, M., Khalilian, A. R., Shayesteh-Azar, M., & Mohseni-Bandpei, H. (2009). Low back pain in 1,100 Iranian pregnant women: prevalence and risk factors. *The spine journal*, 9(10), 795-801.

20. Nascimento SL, Surita FG, Parpinelli MÂ, Siani S, Pinto e Silva JL. (2011).The effect of an antenatal physical exercise programme on maternal/perinatal outcomes and quality of life in overweight and obese pregnant women: a randomised clinical trial.*BJOG*,118(12),1455-63.

21. Naumann, C. R., Zelig, C., Napolitano, P. G., & Ko, C. W. (2012). Nausea, vomiting, and heartburn in pregnancy: a prospective look at risk, treatment, and outcome. *Journal of Maternal-Fetal and Neonatal Medicine*, 25(8), 1488-1493.

22. Ozgoli, G., Goli, M., & Simbar, M. (2013). Effects of ginger capsules on pregnancy, nausea, and vomiting. *The Journal of Alternative and Complementary Medicine*, *15*(3), 243-246.

23. Patidar, A. B., Sagar, N., & Kaur, M. (2013). Efficacy of Ginger extract on the symptoms of morning sickness among antenatal mothers in Punjab, *India.Journal of Symptoms and Signs*, *2*(1), 10.

24. Pierce, H., Homer, C. S., Dahlen, H. G., & King, J. (2012). Pregnancy-related lumbopelvic pain: listening to Australian women. *Nursing research and practice*, 2(1),2.

25. Poskus T, Buzinskienė D, Drasutiene G, Samalavicius NE, Barkus A, Barisauskiene A, Tutkuviene J, Sakalauskaite I, Drasutis J, Jasulaitis A, Jakaitiene A.(2014)Haemorrhoids and anal fissures during pregnancy and after childbirth: a prospective cohort study.*BJOG*, 121(13),1666-71.

26. Ramu, B., Mohan, P., Rajasekaran, M. S., & Jayanthi, V. (2011). Prevalence and risk factors for gastroesophageal reflux in pregnancy. *Indian Journal of Gastroenterology*, 30(3), 144-147.

27. Reeves, N., Potempa, K., & Gallo, A. (2011). Fatigue in early pregnancy: An exploratory study. *Journal of Nurse-midwifery*, 36(5), 303-309.

28. Shaheen kausar, A. T., & Sheikh, S. (2006). Backache in pregnancy. Biomedica, 22.

29. Sun YC, Hung YC, Chang Y, Kuo SC.(2012).Effects of a prenatal yoga programme on the discomforts of pregnancy and maternal childbirth self efficacy in Taiwan.*Midwifery*.26(6),e31-6.

30. Timur, S., & Kızılırmak, A. (2011). Frequency Of Nausea-Vomiting In Early Pregnancy And Determination Of The Related Factors. *TAF Preventive Medicine Bulletin*, 10(3), 281-286.

31. Valbo.A, Bohmer. T.(1999).Leg cramps in pregnancy--how common are they.*Tidsskr Nor Laegeforen*,119(11),1589-90.

32. Wallace AM, Boyer DB, Dan A, Holm K.(2012).Aerobic exercise, maternal self-esteem, and physical discomforts during pregnancy.*Journal of Nurse Midwifery*, 31(6):255-62.

33. Wang, S. M., Zinno, P. D., Fermo, L., William, K., Caldwell-Andrews, A. A., Bravemen, F., & Kain, Z. N. (2005). Complementary and alternative medicine for low-back pain in pregnancy: a cross-sectional survey. *Journal of Alternative & Complementary Medicine*, 11(3), 459-464.

34. Westfall RE.Use of anti-emetic herbs in pregnancy: women's choices, and the question of safety and efficacy.(2007).*Complement Therapy Nurse Midwifery*,10(1),30-6.

NET REFERENCE:

1. http://www.thecochranelibrary.com

2. http://www.ncbi.nlm.gov/pmc

3. http://www.hindwai.com

4. http://www.onlinelibrary.wiley.com.

5. http://imsear.hellis.org

6. http://www.biomedcentral.com

7. http://dx.doi.org

8. http://www.libertpub.com/act

9. http://altmedicine.about.com

10. http://amuj.arakmu.ac.ir

11. http://www.sciencedirect.com

12. http://www.nursingtimes.net

13. http://www.medscape.org

Appendices

APPENDIX- I

LETTER SEEKING PERMISSION TO CONDUCT THE STUDY

From

Mrs.R.Sreeja
I year M.Sc (N) student,
College of Nursing,
Madurai Medical College,
Madurai - 20.

To

The Block Medical Officer,
Primary Health Centre,
Samayanallur,
Madurai.

Through: The proper Channel

Respected madam,

Sub: Permission for conducting dissertation study at Samayanallur Primary Health Centre, Madurai - I year M.Sc (N) Obstetrics and Gynaeeological Nursing student- College df Nursing, Madurai Medical Colleges. Madurai-20 requested -regarding.

As per the curriculum recommended by The TamilnaduDr.MGR Medical University i have selected the study topic "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary health centre in Samayanallur at Madurai" for the partial fulfillment of the PG course. I assure that I will not interfere with the routine activity of the department.

Kindly consider my request and permit me to conduct the study.

Thanking you,

Madurai

Yours faithfully,

R.Sreeja

(R.SREEJA)

Forwarded
S.P
31.1.14

31.1.14

BLOCK MEDICAL OFFICER
Govt. Primary Health Centre,
Samayanallur

31.01.14

From

Mrs.R.Sreeja
I year M.Sc (N) student,
College of Nursing,
Madurai Medical College,
Madurai - 20.

To

The Block Medical Officer,
Primary Health Centre,
Samayanallur,
Madurai.

Through: The proper Channel

Respected madam,

Sub: Permission for conducting dissertation study at Samayanallur Primary Health Centre, Madurai - I year M.Sc (N) Obstetrics and Gynaeeological Nursing student- College df Nursing, Madurai Medical Colleges. Madurai-20 requested -regarding.

As per the curriculum recommended by the Tamil Nadu Dr. M.G.R. Medical University, I have selected the topic "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary health centre in Samayanallur at Madurai" for the partial fulfillment of the PG course.

Kindly consider my request and permit me to conduct the study.

— 01.08.2014 - 07.08.2014

Thanking you,

Date: 31.07.2014

Yours faithfully,

Place: Madurai.

(R.SREEJA)

Forwarded
S.P
31/7/14
Principal
COLLEGE OF NURSING
Madurai Medical College
Madurai-20.

9/7/14
BLOCK MEDICAL OFFICER

APPENDIX- II

ETHICAL COMMITTEE APPROVAL TO CONDUCT THE STUDY

Ref. No1864/E4/2/2014, Govt. Rajaji Hospital, Madurai.20. Dated: 29.03.2014

Institutional Review Board / Independent Ethics Committee.
Capt. Dr.B. Santhakumar, M.D., (F.M.,) deanmdu@gmail.com
Dean, Madurai Medical College &
Govt Rajaji Hospital, Madurai 625020. **Convenor**

Sub: Establishment-Govt. Rajaji Hospital, Madurai-20-
Ethics committee-Meeting Minutes- for March 2014
Approved list - Regarding.

The Ethics Committee meeting of the Govt. Rajaji Hospital, Madurai was held on 05.03.2014, Wednesday at 10.00 am to 12.00.noon at the Auditorium, Govt. Rajaji Hospital, Madurai. The following members of the committee have attended the meeting.

1.Dr.V. Nagarajan, M.D., D.M (Neuro) Ph: 0452-2629629 Cell.No 9843052029 nag9999@gmail.com	Professor of Neurology (Retired) D.No.72, Vakkil New Street, Simmakkal, Madurai -1	Chairman
2. Dr.Mohan Prasad , M.S M.Ch Cell.No.9843050822 (Oncology) drbkcmp@gmail.com	Professor & H.O.D of Surgical Oncology(Retired) D.No.32, West Avani Moola Street, Madurai -1	Member Secretary
3. Dr. Parameswari M.D (Pharmacology) Cell.No.9994026056 drparameswari@yahoo.com	Director of Pharmacology Madurai Medical College	Member
4. Dr.S. Vadivel Murugan, MD., (Gen.Medicine) Cell.No 9566543048 svadivelmurugan_2007@rediffmail.com	Professor& H.O.D of Medicine Madurai Medical College	Member
5. Dr.S. Meenakshi Sundaram, MS (Gen.Surgery) Cell.No 9842138031 drsundarms@gmail.com	Professor & H.O.D of Surgery Madurai Medical College	Member
6. Mrs. Mercy Immaculate Rubalatha, M.A., Med., Cell. No. 9367792650 lathadevadoss86@gmail.com	50/5, Corporation Officer's quarters, Gandhi Museum Road, Thamukam, Madurai-20	Member
7. Thiru..Pala. .Ramasamy , BA.,B.L., Cell.No 9842165127 palaramasamy2011@gmail.com	Advocate, D.No.72.Palam Station Road, Sellur, Madurai -2	Member
8. Thiru. P.K.M. Chelliah ,B.A Cell.No 9894349599 pkmandco@gmail.com	Businessman, 21 Jawahar Street, Gandhi Nagar, Madurai-20	Member

The following Projects was approved by the committee.

Name of P.G	Course	Name of the project	Remarks
R.Sreeja	M.Sc., (Nursing) College of Nursing, Madurai Medical College, Madurai.	A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary health centre in Samayanallur at Madurai	Approved

Please note that the investigator should adhere the following: She/ He should get a detailed informed consent from the patients/participants and maintain it confidentially.

1. **She/He should carry out the work without detrimental to regular activities as well as without extra expenditure to the institution or to Government.**
2. **She/He should inform the institution Ethical Committee, in case of any change of study procedure, site and investigation or guide.**
3. **She/He should not deviate the area of the work for which applied for Ethical clearance. She/He should inform the IEC immediately, in case of any adverse events or Serious adverse reactions.**
4. **She/He should abide to the rules and regulations of the institution.**
5. **She/He should complete the work within the specific period and if any Extension of time is required He/She should apply for permission again and do the work.**
6. **She/He should submit the summary of the work to the Ethical Committee on Completion of the work.**
7. **She/He should not claim any funds from the institution while doing the work or on completion.**
8. **She/He should understand that the members of IEC have the right to monito the work with prior intimation.**

Member Secretary **Chairman**
Ethical Committee

29.3.14
DEAN/Convenor
Govt. Rajaji Hospital,
Madurai- 20.

29/3/14

To
The above Applicant
-thro. Head of the Department concerned

APPENDIX - III

CONTENT VALIDITY CERTIFICATES

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION - A Demographic Data

SECTION - B Self Structured Questionnaire

Prepared for data collection by, Mrs.R.Sreeja, II year M.Sc (N) student, College of Nursing, Madurai Medical College, Madurai Who has undertaken the study field on thesis entitled "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary Health Centre in Samayanallur at Madurai" has been validated by me.

26/5/14

SIGNATURE OF THE EXPERT

PROF. & HOD
DEPT. OF O&G
Madurai Medical College
Madurai

NAME:

DESIGNATION:

DATE:

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION - A Demographic Data

SECTION - B Self Structured Questionnaire

Prepared for data collection by, Mrs.R.Sreeja, II year M.Sc (N) student, College of Nursing, Madurai Medical College, Madurai Who has undertaken the study field on thesis entitled "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary Health Centre in Samayanallur at Maduari" has been validated by me.

SIGNATURE OF THE EXPERT

NAME: R. AARTHY SOODI

DESIGNATION: ASS. PROFESSOR

DATE:

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION - A Demographic Data

SECTION - B Self Structured Questionnaire

Prepared for data collection by, Mrs.R.Sreeja, II year M.Sc (N) student, College of Nursing, Madurai Medical College, Madurai Who has undertaken the study field on thesis entitled "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary Health Centre in Samayanallur at Maduari" has been validated by me.

SIGNATURE OF THE EXPERT

NAME: P-SHANTHI

DESIGNATION: Professor in OG Dept.

DATE: 25/7/14

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION - A Demographic Data

SECTION - B Self Structured Questionnaire

Prepared for data collection by, Mrs.R.Sreeja, II year M.Sc (N) student, College of Nursing, Madurai Medical College, Madurai Who has undertaken the study field on thesis entitled "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary HealthCentre in Samayanallur at Maduari" has been validated by me.

SIGNATURE OF THE EXPERT

NAME: T. C. SUGUNA

DESIGNATION: PROFESSOR

DATE: 8/8/14.

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION - A Demographic Data

SECTION - B Self Structured Questionnaire

Prepared for data collection by, Mrs.R.Sreeja, II year M.Sc (N) student, College of Nursing, Madurai Medical College, Madurai Who has undertaken the study field on thesis entitled "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary Health Centre in Samayanallur at Maduari" has been validated by me.

SIGNATURE OF THE EXPERT

NAME: Dr. K. S. CHITRA

DESIGNATION:

DATE: 21/8/14

Professor
Dept. of O&G
Govt. Rajaji Hospital
Madurai.

APPENDIX – IV

INFORMED CONSENT FORM

ஒப்புதல் அறிக்கை

பெயர்: **நாள்:**

எனக்கு இந்த செவிலிய ஆய்வினைப் பற்றிய முழு விவரம் விளக்கமாக எடுத்துரைக்கப்பட்டது. இந்த ஆய்வில் பங்குகொள்வதில் உள்ள நன்மைகள் மற்றும் தீமைகள் பற்றி முழுமையாக புரிந்துகொண்டேன். இந்த ஆய்வில் தானாக முன்வந்து பங்குபெறுகிறேன். மேலும் எனக்கு இந்த ஆய்வீலிருந்து எந்த சமயத்திலும் விலகிக்கொள்ள முழு அனுமதி வழங்கப்பட்டுள்ளது. என்னுடைய பெயர் மற்றும் அடையாளங்கள் ரகசியமாக வைத்துக்கொள்ளப்படும் என்றும் எனக்கு உறுதியளிக்கப்பட்டுள்ளது.

கையொப்பம்

APPENDICE - V

CONTENT OF STRUCTURED KNOWLEDGE QUESTIONNAIRE

SECTION –A

Put tick (✓) for the right answer

DEMOGRAPHIC DATA

1) Age in years

A. Below 20 years ( )

B. 21-30 years ( )

C. 31-40years ( )

D. Above 40 years ( )

2) Educational status

A. Primary ( )

B. Secondary ( )

C. Higher Secondary ( )

D. Graduate ( )

3) Type of family

A. Joint family ( )

B. Nuclear family ( )

C.Extended family ( )

4. Income/month

A. Rs-1500-2000 ( )

B. Rs-2001-3000 ( )

C. Rs 3000-4000 ( )

D. Above Rs 4000 ( )

5) Occupational status

A. House wife ( )

B. Government Job ( )

C. Daily labour ( )

D. Company ( )

6) Religion

A. Hindu ( )

B. Muslim ( )

C. Christian ( )

7) Place of Residence

A.Urban ( )

B.Rural ( )

8.) Weight of mother

A.Below 40 kg ( )

B.41-50 kg ( )

C.51-60 kg ( )

D.Above 60 kg ( )

9).Food Habits

A. Vegetarian ( )

B. Nonvegetarian ( )

SECTION-B

KNOWLEDGE ON MANAGEMENT OF MINOR AILMENTS OF PREGNANCY

Put tick (✓) for the right answer. Each question carries one mark.

1. Minor ailments in pregnancy occurs due to

A. Hypertension ☐

B. Diabetes Mellitus ☐

C. Hormonal changes ☐

2.Nausea and Vomiting usually occurs in which month of pregnancy?

A.II Trimester ☐

B.I Trimester ☐

C.III Trimester ☐

3. Food that has to be avoided to prevent nausea and vomiting

A. Salad ☐

B. Vegetables ☐

C. Fried fatty foods ☐

4.How many hours once pregnant mother has to take food for good digestion?

A. Once in 5 hours ☐

B.Once in 7 hours ☐

C. Once in 3hours ☐

5. Morning sickness during pregnancy can be reduced by the practice of

A. Brushing teeth on waking up ☐

B. Eat rusk or biscuit on waking up ☐

C. Eat vegetables ☐

6. The practice which stimulates morning sickness

A. Brushing teeth on waking up ☐

B. Sleeping ☐

C. Walking ☐

7. Antenatal mother has to visit a doctor if she has symptoms of

A. Frequency of micturition ☐

B. Burning micturition, itching ☐

C. All of the above ☐

8. How will you strengthen the pelvic floor muscles?

A. Walking ☐

B.Rest ☐

C. Kegels exercise ☐

9. How many times kegel exercise has to be performed in a day?

A. Atleast 10-15 times ☐

B. Atleast 5 times ☐

C. Atleast 1 time ☐

10. How many hours of rest is needed for a pregnant mother during day time?

A. 2 hours ☐

B. 3 hours ☐

C. 4 hours ☐

11. To relieve constipation antenatal mother has to take which type of food?

A. Fried items ☐

B. Spicy food ☐

C. Fibre rich diet ☐

12. How many litres of water a pregnant mother should drink per day

A. 3 litres ☐

B. B.1litre ☐

C. C.2 litres ☐

13. Which minor ailment of pregnancy can be reduced by walking?

A. Headache ☐

B. Constipation ☐

C. Itching ☐

14. Pregnant mother has to wear inner wear made up of

A. Silk ☐

B. Nylon ☐

C. Cotton ☐

15. Antenatal mother has to visit doctor if she finds symptoms of

A. Change in colour of vaginal discharge ☐

B. Movements of baby ☐

C. All of the above ☐

16. To prevent back pain mother has to avoid

A. Wearing high heel sandals ☐

B. Sleep ☐

C. Drinking Water ☐

17. While lifting things mother has to bend her

A. Back ☐

B. Knees ☐

C. Hands ☐

18. To prevent backache mother should not lift weight more than

A. 5 kg ☐

B. 6kg ☐

C. 1kg ☐

19. To avoid heartburn pregnant mothers immediately after food should not

A. Go for Sleep ☐

B. Go for Walking ☐

C. Do not drink Water ☐

20. Food that has to be avoided to prevent heartburn

A. Salads ☐

B. Vegetables ☐

C. Spicy food ☐

21. Mother with hemorrhoids are advised not to do the following

A. Not to strain during defecation ☐

B. Don't go for Walking ☐

C. Sitting ☐

22.How to reduce the severity of hemorrhoids during pregnancy?

A.Bathing ☐

B. Sleeping ☐

C. Take Sitz Bath ☐

23. What should a pregnant mother do when she has leg cramps?

A. Walking ☐

B. Straighten the affected leg and point her heel. ☐

C. Sleep ☐

24.Calcium and Phosphorous rich diet is taken during pregnancy to avoid

A. Constipation ☐

B. Leg Cramps ☐

C. Vomiting ☐

25. Foods that contain Calcium are

A. Milk and egg ☐

B. Rice ☐

C. Potato ☐

26. Which position should be used by the antenatal mother while lying down

A. Prone ☐

B. Left lateral ☐

C. Right lateral ☐

27.To reduce edema of legs pregnant mother should

A. Keep legs hanging ☐

B. Legs crossed ☐

C. Keep legs elevated on a chair ☐

28. Antenatal mother has to avoid tight clothes

A. To prevent edema of legs ☐

B. To avoid itching of legs ☐

C. All of the above ☐

29. In order to prevent varicosities mother should not

A. Stand for long time ☐

B. Sleep for long time ☐

C. Rest for long time ☐

30. How the severity of varicose vein can be reduced?

A.Wear tight clothes. ☐

B. Wear crepe bandage ☐

C. Prolonged standing ☐

QUESTIONNAIRE-TAMIL VERSION

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7. ¸ ÷ôÀ ½ ¦À ñ ¸ û ±ó¾ « È Ì È ¸ û þÕó¾¡ø ÁÕòÐÅ ¨ Ã « Ï ¸ §Å ñ Î õ ?

« . « Ê ì ¸ Ê º Ú¿ ÷ §À¡¾ø ☐

¬ . º Ú¿ ÷ ¸ Æ ì Ì õ þ¼ò¾ø « ¡ ô Ò ,± ¡ î º ø ☐

þ . §Áü ¸ ñ ¼ « ¨ É òÐõ ☐

8.±ôÀÊ « Êò¾ ¨ º ¨ Â ÅÖôÀ Î ò¾ ÓÊÔõ ?

« .¿ ¨ ¼ôÀÂüº ☐

¬ . ´ ö × ☐

þ . « Êò¾ ¨ º þ Ú ì Ì õÀÂüº ☐

9. « Êò¾ ¨ º þ Ú ì Ì õÀÂüº ¨ Â À ñ Ï õ §À¡Ð ´ Õ ¿¡ ¨ Ç ì Ì Ì ¨ Èó¾Ð ±ò¾ ¨ É Ó ¨ È À ñ ½ §Å ñ Î õ ?

« . Ì ¨ Èó¾Ð 10-15 Ó ¨ È ☐

¬ . Ì ¨ Èó¾Ð 5 Ó ¨ È ☐

þ . Ì ¨ Èó¾Ð 1 Ó ¨ È ☐

10. À ¸ ø §Å ¨ ÇÂ ø ¸ ÷ôÀ ½ ¦À ñ ¸ û ±ò¾ ¨ É Á ½ § ¿Ãõ µö × ± Î ì ¸ §Å ñ Î õ ?

« . þÃ ñ Î Á ½ § ¿Ãõ ☐

¬ . Ó ý Ú Á ½ § ¿Ãõ ☐

þ .¿¡ ý Ì Á ½ § ¿Ãõ ☐

11. ÁÄî°ì ¸ ¨ Ä ¾Å÷ì ¸ ¸÷ôÀ½ ¦À ñ ¸û ±ó¾ Å ¨ ¸Â¡ É ¯½ ¨ Å º¡ôÀ¼ §Å ñ Î õ

« .± ñ ¨ ½Âø ¦À¡¡ò¾ ¯½ × ☐

¬ . ¸¡ÃÁ¡ É ¯½ × ☐

þ . ¿¡÷ºòÐûÇ ¯½ × ☐

.12. ¸÷ôÀ½ ¦À ñ ¸û ±ò¾ ¨ É Äð¼÷ ¾ ñ ½÷ ´Õ ¿¡û ÌÊì ¸ §Å ñ Î õ?

« .Ó ý Ú Äð¼÷ ☐

¬ . ´ Õ Äð¼÷ ☐

þ . þÃ ñ Î Äð¼÷ ☐

13. ¿ ¨ ¼ôÀÂüºÂÉ¡ø ¸÷ôÀì ¸¡Äò¾ø ÅÕõ ±ó¾ °Ú §¸¡Ç¡ ¨È Ì ¨Èì ¸Ä¡õ?

« .¾ ¨ ÄÅÄ ☐

¬ .ÁÄî°ì ¸ø ☐

þ . « ¡ôÒ ☐

14. ¸÷ôÀ½ ¦À ñ ¸û ±ó¾ Å ¨ ¸Â¡ É ¯ûÇ¡ ¨ ¼¸ ¨ Ç « ½Â §Å ñ Î õ?

« .Àð Î ☐

¬ . ¨ ¿Ä¡ ý ☐

þ .ÀÕò¾ ☐

15. ¸÷ôÀ½ ¦À ñ ¸û ±ó¾ « ÈÌ È ¸û þÕó¾¡ø ÁÕòÐÅ ¨Ã « Ï ¸ §Å ñ Î õ?

« . ¦Åû ¨ ÇôÀ Î ¾Äø ¿ÃõÁ¡üÈõ ¦¾ý Àð¼¡ø ☐

¬ . Ì Æó ¨ ¾Âý « ¨ º × ☐

þ . §Áü¸ ñ ¼ « ¨ ÉòÐõ ☐

16.ÓÐ Ì ÅÄ ¨ Â ¾ Î ì ¸ ¸÷ôÀ½ ¦À ñ ± ¨ ¾ ¾Å÷ì ¸ §Å ñ Î õ ?

« . Ì ¾ ¸¡ø ¯Â÷ó¾ ¸¡Ä½ ¸û « ½ ÅÐ ☐

¬ . à ì ¸õ ☐

þ .¾ ñ ½÷ « ÕóÐÅÐ ☐

17. ¸÷ôÀ½ ¦À ñ ¸ÉÁ¡É ¦À¡Õ¨Ç à ì Ì õ §À¡Ð ±¨¾ÁÊì ¸§Å ñ Îõ ?

« .ÓÐ¨¸ ☐

¬ .ÓðÊ¨Â ☐

þ .¨¸¨Â ☐

18. ÓÐ Ì ÅÄ¨Â¾Î ì ¸ ±ò¾¨ É ¸§Ä¡×ì Ì §ÁÄ¡É À¡Ãò¨¾ à ì ¸ì Ü¼¡Ð

« .³óÐ ¸§Ä¡ ☐

¬ .¬Ú ¸§Ä¡ ☐

þ .´Õ ¸§Ä¡ ☐

19. ¸÷ôÀ½ ¦À ñ ¸û ¦¿ ï ¦º¡îº¨Ä¾Å÷ì ¸ º¡ôÀð¼ ¯¼ý ±ý É À ñ ½ ì Ü¼¡Ð

« .à í ¸ Ü¼¡Ð ☐

¬ .¿¨¼ô ÀÂüº À ñ ½ ì Ü¼¡Ð ☐

þ .¾ ñ ½÷ Ì Êì ¸ Ü¼¡Ð ☐

20. ¦¿ ï ¦º¡îº¨Ä¾Å÷ì ¸ ¸÷ôÀ½ ¦À ñ ¸û ±ó¾ Å¨¸Â¡É ¯½ × ¦À¡Õ¨Ç ¾Å÷ì ¸ §Å ñ Îõ ?

« .º¡Äð ☐

¬ .¸¡ö¸È ☐

þ .¸¡ÃÁ¡É ¯½ × ☐

21. ãÄ §¿¡ö ¯ûÇ ¸÷ôÀ½ ¦À ñ ¸û ¸ú¸ ñ ¼ÅüÈøø ±¨¾ À ñ ½ ì Ü¼¡Ð?

« .ÁÄõ ¸Æì Ì õ §À¡Ð Ó ì ¸§À¡¸ Ü¼¡Ð ☐

¬ .¿¨¼ô ÀÂüº À ñ ½ ì Ü¼¡Ð ☐

þ .¯ð¸¡Ãì Ü¼¡Ð ☐

22.±ùÅ¡Ú ¸÷ôÀì ¸¡Äò¾øø ãÄ§¿¡Âý Å¡Âò¨¾ Ì ¨Èì ¸Ä¡õ?

« .Ì Çì ¸ §Å ñ Îõ ☐

¬ .à í ¸ §Å ñ Îõ ☐

þ .Á¾Á¡É Í Î¾ ñ ½¡ø þ Î ôÒì Ì ÇÂø ± Î ì ¸ §Å ñ Îõ ☐

23. ¸÷ôÀ½ ¦À ñ ¸¡ø º ¨¾ À ÊôÀý §À¡Ð ±ý É À ñ ½ §Å ñ Î õ?

« .¿ ¨¼ôÀÂüº ☐

¬ .¸¡ ¨Ä ¿ðÊ À¡¾ò ¨¾ ¿ý Ì ¯ûÇØì ¸ §Å ñ Î õ ☐

þ. à í ¸ §Å ñ Î õ ☐

24. ¸¡øºÂõÁüÚõ À¡ŠÀÃŠ «¾ ¸ÓûÇ ¯½ × ¦À¡Õð ¸ ¨Ç ¯½ Å ø §º÷òÐì ¦ ¸¡ûÅ¾¡ø ± ¨¾ ¾Å ÷ì ¸Ä¡õ?

« .ÁÄîºì ¸ø ☐

¬ .¸¡ø º ¨¾ À ÊôÒ ☐

þ.Å¡ó¾ ☐

25. ±ó¾ ¯½ × Å ¨ ¸Â ø ¸¡øºÂõ ¯ûÇÐ?

« .À¡ø ,Ó ð ¨¼ ☐

¬ . º¡¾õ ☐

þ.¯Õ ¨ Ç ¸Æ í Ì ☐

26. ¸÷ôÀ½ ¦À ñ à í Ì õ §À¡Ð ±ó¾ À ì ¸Á¡ ¸ À Î ì ¸ §Å ñ Î õ ?

« .ÁøÄ¡óÐ ☐

¬ .þ¼Ð ¨ ¸ À ì ¸õ ☐

þ.ÅÄÐ ¨ ¸ À ì ¸õ ☐

27. ¸÷ôÀ½ ¦À ñ ¸¡ø Å ì ¸ò ¨¾ Ì ¨È ì ¸ ±ý É À ñ ½ §Å ñ Î õ ?

« .¸¡ø §Áø ¸¡ø §À¡ð Î ¯ð ¸¡Ã §Å ñ Î õ ☐

¬ .¸¡ ¨Ä ¦¾¡ í ¸ §À¡¼ §Å ñ Î õ ☐

þ.¸¡ ¨Ä ¿¡ü ¸¡Ä Âø ¯Â÷ò¾ ¨ ÅòÐ ¯ð ¸¡Ã §Å ñ Î õ ☐

28. ¸÷ôÀ½ ¦À ñ ¸û ±¨¾¾Î ì ¸ þÚì ¸Á¡É ¯¨¼¨Â « ½ÂÌ Ü¼¡Ð ?

« .¸¡ø Åì ¸ò¨¾ ¾Î ì ¸ ☐

¬ .¸¡ø « ¡ô¨À¾Î ì ¸ ☐

þ.§Áü¸ ñ¼ « ¨ Éò Ðõ ☐

29. ¸÷ôÀ½ ¦À ñ ¸û ¿ÃõÒ Ò¨¼ò¾¨Ä ¾Å÷ì ¸

« .¿¦ ñ¼ §¿Ãõ ¿ü¸ Ü¼¡Ð ☐

¬ .¿¦ ñ¼ §¿Ãõ à í ¸ Ü¼¡Ð ☐

þ.¿¦ ñ¼ §¿Ãõ µö× ± Î ì ¸ Ü¼¡Ð ☐

30.±ùÅ¡Ú ¸÷ôÀì ¸¡Äò¾øø ¿ÃõÒ Ò¨¼ò¾Ä ý Å¡Âò¨¾ì Ì ¨Èì ¸Ä¡õ?

« .þÚì ¸Á¡É ¯¨¼¨Â « ½ÅÐ ☐

¬ .¸¡ø ¯¨È¸¨Ç « ½ÅÐ ☐

þ.¿¦ ñ¼ §¿Ãõ ¿üÀÐ ☐

ANSWERKEY

QUESTION NUMBER	ANSWER
1.	C
2.	B
3.	C
4.	C
5.	B
6.	A
7.	B
8.	C
9.	A
10.	A
11.	C
12	A
13.	B
14.	C
15.	A
16.	A
17.	B
18.	A
19.	A
20.	C
21.	A
22.	C
23.	B
24.	B
25.	A
26.	B
27.	C
28.	A
29.	A
30.	B

APPENDIX – VI

CERTIFICATE OF ENGLISH EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary Health Centre in Samayanallur at Maduari" done by Mrs.R.Sreeja,M.Sc., Nursing II year student, College of Nursing, Madurai Medical College, Madurai-20 has been edited for English language appropriateness.

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APPENDIX - VII

CERTIFICATE OF TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding management of minor ailments during pregnancy among primi mothers attending Primary Health Centre in Samayanallur at Maduari" done by Mrs.R.Sreeja ,M.Sc Nursing II Year student, College of Nursing, Madurai Medical College Madurai-20 has been edited for Tamil language appropriateness.

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07.08.14

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சாணைமறைக்குளம் - 626 607.
விருதுநகர் மாவட்டம்.

APPENDICE-VIII

COLLEGE OF NURSING

MADURAI MEDICAL COLLEGE

MADURAI

VIDEO ASSISTED TEACHING

ON

MANAGEMENT OFMINOR AILMENTS DURING PREGNANCY

SUBMITTED BY

REG NO :301322004

PROGRAMME	: II YEAR MSc(N)
BRANCH	: OBSTETRICS AND GYNAECOLOGICAL NURSING
PLACE	: SAMAYANALLUR PRIMARY HEALTH CENTRE
TOPIC	: MANAGEMENT OF MINOR AILMENTS DURING PREGNANCY
GROUP OF PARTICIPANTS	: I TRIMESTER PRIMI MOTHERS
METHOD OF TEACHING	: VIDEO ASSISTED TEACHING
AV AIDS	: VIDEO, PAMPHLET

CENTRAL OBJECTIVE

Help the antenatal mothers to acquire knowledge regarding minor ailments of pregnancy and its management and develop positive attitude and skills regarding minor ailments of pregnancy and its management and apply this knowledge in their life to take care of themselves and others..

CONTRIBUTORY OBJECTIVES

1.define minor ailments of pregnancy.

2.classify the minor ailments according to Trimester.

3.explain the remedial measures of minor ailments during I trimester.

4.describe the remedial measures for minor ailments during II trimester of pregnancy.

5.elaborate the remedial measures for minor ailments during III trimester of pregnancy.

INTRODUCTION:

A healthy mother can bringforth a healthy child. During pregnancy many changes takes place due to hormonal influence and this leads to some minor ailments of pregnancy like nausea,vomiting,heartburn.These minor ailments can be managed in home if mother has adequate knowledge about the remedial measures.

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
1.	1min	define minor ailments of pregnancy	During the course of pregnancy period many changes occur in a woman's body as a result of hormonal influences and adaptation to the gestational process. Thereby, they experience a variety of physiological and psychological symptoms such as nausea, vomiting, backache , giddiness , heartburn and anxiety etc. These are termed as minor ailments or discomforts of pregnancy.	Video assisted teaching	Listening and observing	Post test
2.	1min	classify minor disorders according to trimester	The minor disorders during pregnancy can be classified according to the trimester, it is follows as in **1st Trimester** a. Nausea b. Vomiting c. Fatigue d. Frequency of micturition	Video assisted teaching	Listening and observing	Post test

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
			2nd Trimester a. Heart burn b. Constipation c. Vaginal discharge d. Back ache **3rd Trimester:-** a. Hemorrhoids b. Leg cramps c. Leg edema d. Varicosities	contd		
3.	2min	explain the remedial measures of minor discomforts during I trimester	**NAUSEA AND VOMITTING:** The midwife can explain the probable reasons and encourage the mother to look positively towards the resolution of the problem, which may happen between 12th and 16th week. Woman have found the following as helpful practices:-	Video assisted teaching	Listening and observing	Post test

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
		Contd.	1.Salads and light snacks are more tolerable than full meals . 2.Carbohydrate snacks at bedtime can prevent hypoglycemia, which is often shown as a cause of nausea and vomiting 3.Drytoast,rusk, biscuit on waking up and breakfast after half an hour. 4.Eat small, frequent meals, even as often as every 3 hours, as these are more apt. to be retained than three large meals a day. 5.Do not brush your teeth immediately after eating to avoid stimulating the gag reflex. 6.Avoid foods with strong or offensive odors. 7.Avoid spicy foods. 8.Restrict fats and fried foods in your diet.	Video assisted teaching	Listening observing and clarifying doubts	

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
			Fatigue: 1. Drink water, milk, fruit juice 2. Eat small, frequent meals, even as often as every 3 hours. 3. Inaddition to night sleep mother should take 2 hours rest during day time.	Video assisted teaching	Listening observing and clarifying doubts	Post test
4	2Min	describe the remedial measures for minor ailments during IItrimester of pregnancy	**<u>Constipation:-</u>** The following remedial measures for constipation are most effectively:- 1. Encourage mother to evacuate her bowels regularly. 2. Encourage to increase the amount of roughage in her diet by eating raw fruits**,** bran, and vegetables			

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
		Condt.	3. Drink at least 3 litres of water daily. 4. Warm liquids (e.g. water, tea) on rising, to stimulate peristalsis. 5. General exercises, a daily walk, good posture, good body mechanics, all of these measures facilitate venous circulation, thereby preventing congestion in the large intestine.	Video assisted teachinng	Listening observing and clarifying doubts	Post test
			<u>Vaginal discharge:-</u> **The following remedial measures for vaginal discharge are most effective** 1. After defecation and urination mother is adviced to wash the perineal area with sufficient amount of water .			

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
		Contd.	2. A close attention to bodily cleanliness on the area and change underwear two times a day or when it is soiled. 3. Wear cotton inner wear. 4. Advise women to contact their physician if there is a change in the color, odor, or character of this discharge which might suggest infection.	Video assisted teaching	Listening observing and clarifying doubts	Post test
			<u>Back ache:-</u> **Relief measures for backache are as follows:-** 1. Good posture while sitting and standing 2. Proper body mechanics for lifting heavy objects. Bend the knees while lifting objects instead of bending the back. 3. Don't lift weight more than 5 kg.			

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
		Contd.	4. While resting in a chair use pillows to straighten the back. 5. Supportive low heeled shoes; high heals are unstable and further exaggerate the problem of the enter of gravity and lordosis. 6. Take rest inbetween work. 7. Massage / back rub.	Video assisted teaching	Listening observing and clarifying doubts	Post test
			<u>Heart burn:-</u> **The following suggestion can be made:-** 1.It may be relieved by eating small meals frequently (every 3 hours) and by not lying down immediately after eating, to help prevent reflux 2.Eat small, frequent meals, to avoid overloading of your stomach.	Video assisted teaching	Listening observing and clarifying doubts	Post test

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
		Contd.	3.Avoid fats with meals; fat depresses both motility of the stomach and the secretion of gastric juices needed for digestion. 4.Avoid fried foods. 5.Avoid cold foods. 6.Avoid spicy foods.	Video assisted teaching	Listening observing and clarifying doubts	Post test
5.	2min	elaborate the remedial measures for minor ailments during iii trimester of pregnancy	**Hemorrhoids:-** Preventive measures early in pregnancy may be effective in reducing their severity. The following listing of relief measures for hemorrhoids:- 1. Daily bowel evacuation helps to prevent the formation of hemorrhoids.			

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
		Contd.	2. Avoidance of straining during defecation . 3. Sits baths, the heat of the water not only gives comfort but also increases circulations. 4. Increase fibre rich content in diet like green leafy vegetables,fruits so that constipation can be avoided and thus relieving discomforts of hemorrhoids.	Video assisted teaching	Listening observing and clarifying doubts	Post test
			Leg Cramps:- **Relief measure as follows:-** 1) Have the woman straighten her affected leg and point her heal (i.e. clorsiflem her foot). If the woman is in bed, she needs strong steady pressure against the bottom of her foot, either someone's hand or the footboard of the bed, to floor serves this function. This measure is nearly guaranteed to instantly alleviate an acute leg cramp.			

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
			2) Encourage general exercise and a habit of good body mechanics. 3) Recommend leg elevation. 4) Recommend a diet that includes calcium and phosphorous like milk,egg,fish.	Video assisted teaching	Listening observing and clarifying doubts	Post test
			<u>Leg edema:-</u> **Remedial measures include the following:-** 1.Leg edema can be relieved best by resting in a left side- lying position because this increases the kidneys glomerular filtration rate and allows good venous return. 2.Sitting with the legs elevated is also helpful. 3.Avoid wearing tight clothes.	Video assisted teachig	Listening observing and clarifying doubts	Post test

S.No	TIME	SPECFIC OBJECTIVE	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
			<u>Varicosities:-</u> **The remedial measures are** **1.** Wear crepe bandage. 2. Keep legs elevated 3. Avoid constrictive clothing 4. Avoid long periods of standing 5. Have rest periods inbetween activities. 6. Dontsit by crossing legs. 7. Bath in mild warm water. 8.Do foot and leg exercise. 9.Doexercise.It helps in relaxation of the muscles of pelvic floor.	Video assisted teaching	Listening observing and clarifying doubts	Post test

CONCLUSION

Its natural that some mother get minor ailments during pregnancy. If she has been given adequate knowledge regarding management of minor ailments of pregnancy, complications can be prevented and she can give birth to a healthy baby.

BIBLIOGRAPHY:

BOOKS

Annamma Jacob.(2004).*A comprehensive textbook of midwifery*.(2 eds) .Newdelhi:Jaypee brothers.

Brown.K. Linda, BennetRuth,V. (2010). *Myles text book for midwives*.(12th Eds).NewYork: Churchill living stone.

Dutta. D. C. (2004). *Text book of gynaecology including perinatology* and contraception. (6 thed). Kolkatta: New central book agency (p) Ltd.

Neelamkumari .(2010). *The text book of midwifery and gynecology nursing*. (4th ed).India: PV books vikas& company medical

Sudhasalhan. (2007). *The text book of obstetrics*. New Delhi: jaypee brothers medical publishers(p) LTD

Susan L Ward.(2010). *The text books of Maternal- child nursing care*. New Delhi: jaypee brothers medical publishers(p) LTD

NET REFERENCE

http://www.whattoexpect.com/pregnancy/symptoms-and-solutions/backache.aspx

http://www.nhsinform.com/health-library/articles/a/antenatal-health-and-care/facts

http://www.fhs.gov.hk/english/health_info/woman/15656.html

¦ºÅ¢Ä¢Â÷ ¸øæ¡¢
ÁÐ¨Ã ÁÕòÐÅì ¸øæ¡¢
ÁÐ¨Ã

¸÷ôÀì ¸¡Äò¾¢ø ²üÀÎõ º¢Ú §¸¡Ç¡Ú¨Ç
¨¸Â¡ Ùõ Ó¨È¸¨Ç
ÀüÈ¢Â Ì È¢ô§À Î

Å¢Çì ¸õ «Ç¢ôÀÅ÷
REG NO: 301322004

þÃ ñ¼¡õ ¬ ñ Î ÓÐ¿¢¨Ä ¦ºÅ¢Ä¢Â÷ ÀÂ¢üº¢ Á¡½Å¢
¦ºÅ¢Ä¢Â÷ ¸øæ¡¢
ÁÐ¨Ã ÁÕòÐÅì ¸øæ¡¢
ÁÐ¨Ã

Ð ¨ È : Á¸ô§ÀÚÁüÚõ ¦À ñ §¿¡ö þÂø ¦ºÅ‹Ä‹ÂòÐ ¨ È

ÀÊôÒ : þÃ ñ ¼¡õ ¬ ñ Î ÓÐ¿‹¨ Ä ¦ºÅ‹Ä‹Â÷ ÀÂ‹üº‹

þ¼õ : §ÁõôÀ Î ò¾ôÀð¼ «ÃÍ Í¸¡¾¡Ã ¨ ÁÂõ, ºÁÂ¿ø æ÷

À¡¼õ : ¸÷ôÀì¸¡Äò¾‹ø ²üÀ Î õ º‹Ú §¸¡Ç¡Ú¸¨ Ç ¨ ¸Â¡ Ù õ Ó ¨ È

À í ¸Ç‹ôÀÅ÷ : Ó¾ø Ó ý Ú Á¡¾ í ¸Ç‹ø ¯ûÇ ¸÷ôÀ‹½‹ ¦À ñ ¸û

¸øÅ‹Ó ¨ È : À¼ò¦¾¡ Ì ôÒ,Å‹¡‹× ¨Ã Å‹Ç ì ¸õ

ÀÂ‹üÚÅ‹ì Ì õ ¯À¸Ã½ í ¸û : À¼ò¦¾¡ Ì ôÒÁüÚõÐ ñ Î À‹ÃÍÃõ

¨ÁÂ §¿¡Ì¸í¸û

¸÷ôÀ½ô ¦À ñ ¸û ¸÷ôÀÌ¸¡Äò¾ø ²üÀÎõ º Ú §¸¡Ç¡Ú¸ûÁüÚõ «¨¾ ¨¸Â¡Ùõ Ó¨È¸¨Ç ÀüÈÂ«È× ¾È¨É ¦ÀÈ×õ, þÐ ¦¾¡¼÷À¡É ¾Èý¸¨Ç «À Å ÕÒ¾ ¦ºöÂ×õ ¯¾×¾ø.

Àí¸Ç ôÒ §¿¡Ì¸í¸û

1.º Ú §¸¡Ç¡Ú¸¨Ç ÀüÈ Å¨ÃÂÚ.

2.º Ú §¸¡Ç¡Ú¸¨Ç Á¡¾ Ó¨ÈÂ ø ±ôÀÊ Å¨¸ôÀÎò¾Ä¡õ.

3.Ó¾ø ã ý Ú Á¡¾í¸Ç ø ÅÕõ º Ú §¸¡Ç¡Ú¸¨ÇÔõ «¨¾ ¨¸Â¡Ùõ Ó¨È¨Â ÀüÈ Å Çì Ì¸.

4.¿¡ý Ì Ó¾ø ²Ø Á¡¾í¸Ç ø ²üÀÎõ º Ú §¸¡Ç¡Ú¸¨Ç ºÁ¡Ç ì Ìõ Ó¨È¨Â ÀüÈ Å Å¡ì Ì¸.

5.±ð Î Á¡¾õ Ó¾ø ÀòÐ Á¡¾í¸Ç ø ²üÀÎõ º Ú §¸¡Ç¡Ú¸¨Ç ºÁ¡Ç ì Ìõ Ó¨È¨Â ÀüÈ Å¡Å¡ì Ì¸.

Ó ý Û ¨ Ã

´ Õ ¬ §Ã¡ ì ¸ ¢ÂÁ¡ É « õÁ¡Å¢É ¡ ø ¾ ¡ ý ¬ §Ã¡ ì ¸ ¢ÂÁ¡ É Ì Æó ¨ ¾ ¨ Â ¦ Àü ¦ È Î ì ¸ ÓÊÔõ. ¸ ÷ ôÀ ì ¸ ¡Äò¾ ¢ø Ì Áð¼ø,Å¡ó¾ ¢, §À¡ ý È º ¢Ú § ¸ ¡Ç ¡Ú ¸ û † ¡ ÷ §Á¡ ý ¸ Ç ¢ý Á¡üÈò¾ ¢É ¡ ø ² üÀ Î ¸ ¢ÈÐ. þ ó¾ º ¢Ú § ¸ ¡Ç ¡Ú ¸ ¨ Ç ¨ ¸ Â¡ Ù õ Ó ¨ È ¨ Â ¸ ÷ ôÀ ¢½ ¢ ¦ À ñ ¸ û ¦ ¾ ¡ ¢ó¾ ¢Õó¾ ¡ ø Å ¢ðÊø þ Õó§¾ º ¡ ¢ º öÂÄ ¡ õ

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Å. ± ñ	§¿Ãõ	À í ¸Çłôò §¿¡ Ì ¸ í ¸û	¯ûÇ¼ì ¸õ	¸üÀłôÀÅ¡ł ý ¦ºÂø	¸üÀÅ¡ł ý ¦ºÂø
1.	1¿łÁł¼õ	ºłÚ §¸¡Ç¡Ú¸¨Ç ÀüÈł Å¨ÃÂÚ.	¸÷ôÀì ¸¡Äò¾ø ´Õ ¦À ñ ½ł ý ¯¼õÀłø ¿ł¨ÈÂ Á¡üÈí ¸û † ¡÷§Á¡ ý ¸Çł ý à ñ Î ¾Ä¡ø ±üÀÎ ¸łÈÐ. «¾É¡ø ¯¼ø ÁüÚõ ÁÉ¾ÇÅłø ºłÄ «Èł Ì Èł¸û ¦¾¡ł¸ł ý È É. Ì Áð¼ø ÁüÚõ Å¡ó¾, «Ê ì ¸Ê ºłÚ¿÷ §À¡¾ø ÓÐ Ì ÅÄł,¦¿ ï ¦º¡łîºø, ¬ ¸Â «Èł Ì Èł¸û ¦¾ý À Î ¸łÈÐ. þò¾¨ ¸Â «Èł Ì Èł¸¨Ç ¸÷ôÀì ¸¡Äò¾ø ¿ł¸Øõ ºłÚ §¸¡Ç¡Ú¸û ±ý Ú « ¨Æì ¸ôÀ Î ¸łÈÐ.	À¼ò¦¾¡ Ì ôÒ ã ÄõÅłÇì ¸õ « Çłò¾ø	¸ÅÉłò¾ø ÁüÚõ ºó§¾¸ í ¸¨Ç §À¡ì ¸ł ¦¸¡û Ù¾ø
2.	1¿łÁł¼õ	ºłÚ §¸¡Ç¡Ú¸¨Ç Á¡¾ Ó¨ÈÂłø ±ôÀÊ Å¨¸ôÀ Î ò¾ Ä¡õ.	«ò¾¨ ¸Â ¸÷ôÀì ¸¡Ä ºÈłÂ §¸¡Ç¡Ú¸¨Ç ¸úì ¸ ñ¼Ó¨È¸Çłø Å¨¸ôÀ Î ò¾À Î ¸łÈÐ. 1.Ó¾ø ã ý Ú Á¡¾ í ¸û «. Ì Áð¼ø ¬ .Å¡ó¾ þ.§º¡÷× ®. «Ê ì ¸Ê ºłÚ¿÷ §À¡¾ø	À¼ò¦¾¡ Ì ôÒ ã ÄõÅłÇì ¸õ « Çłò¾ø	¸ÅÉłò¾ø ÁüÚõ ºó§¾¸ í ¸¨Ç §À¡ì ¸ł ì ¦¸¡û Ù¾ø

Å. ± ñ	§¿Ãõ	À í ¸Çtôò §¿¡ Ì ¸ í ¸û	¯ûÇ¼ì ¸õ	¸üÀtôÀÅ¡t ý ¦ºÂø	¸üÀÅ¡t ý ¦ºÂø
			2.¿¡ ý Ì Á¡¾õ Ó¾ø ²Ø Á¡¾ í ¸û «.¦¿ ï ¦º¡t îºø ¬.ÁÄîºtì ¸ø þ. ¦Åû ¨ Çô À Î ¾ø ®.ÓÐ Ì ÅÄt 3.±ð Î Á¡¾õ Ó¾ø ÀòÐ Á¡¾õ «. ã Ä §¿¡ö ¬.¸¡ø º ¨ ¾ Àt Êôò þ.¸¡ø Åt ì ¸õ ®.¿ÃõÒ Ò ¨ ¼ò¾ø		
3.	2¿tÁt¼õ	Ó¾ø ã ý Ú Á¡¾ í ¸Çtø ÅÕõ ºtÚ §¸¡Ç¡Ú¸ ¨ Ç Ôõ « ¨ ¾ ¨ ¸Â¡ Ù õ Ó ¨ È ¨ Â ÀüÈt Åt Çì Ì ¸.	**Ì Áð¼ø ÁüÚõ Å¡ó¾t** Á¸ô§ÀÚ ¦ºÅtÄtò ¾¡ö ¸ ñ ÊôÀ¡ ¸ ºtÚ §¸¡Ç¡Ú¸û ÅÕÅ¾ü¸¡É ¸¡Ã½ ò ¨ ¾Ôõ « ¨ ¾ º¡t ¦ºöÅ¾ü¸¡É ÅÆtÓ ¨ È¸ ¨ ÇÔõÅtÇì ¸ §Å ñ Î õ. 1. ÓØ ¯½ × º¡ôÀt Î Å ¨ ¾ Å¼ ...¡ÄðÁüÚõ ºtüÚ ñ Ê¸û ²üÚò¾ì ¸ò¾¡¸ ¯ûÇÉ.	À¼ò¦¾¡ Ì ôÒ ã ÄõÅtÇì ¸õ « Çtò¾ø	¸ÅÉtò¾ø ÁüÚõ ºó§¾¸ í ¸ ¨ Ç §À¡ ì ¸t ¦¸¡ û Ù ¾ø

Å. ± ñ	§¿Ãõ	À í ¸Çtôò §¿¡ Ì ¸ í ¸û	¯ûÇ¼ì ¸õ	¸üÀtôÀÅ¡t ý ¦ºÂø	¸üÀÅ¡t ý ¦ºÂø
			2.À Î ì ¨ ¸ì Ì §À¡ Ì õÓ ý ¸¡÷ô§À¡ ¨ † ð §Ãð ¾t ñ À ñ ¼ í ¸û º¡ôÀt Î Å¾¡ø þÃò¾ò¾tø º÷ì ¸ ¨ÃÂt ý « Ç× Ì ¨ ÈÂ¡Áø À¡Ð ¸¡ôÀ§¾¡ Î Ì Áð¼ø ÁüÚõ Å¡ó¾t ¨ Â Ì ¨ Èì ¸ ¯¾× ¸t ÈÐ. 3.À Î ì ¨ ¸ ¨ Â Åt ð Î ±Øó¾×¼ ý Àt Š ¸ð, ¦À¡ ¡t,Å÷ì ¸t §À¡ ý È ¯Ä÷ó¾ ¯½ × ¦À¡Õð ¸ ¨ Ç º¡ôÀt¼ §Å ñ Î õ, « ¨Ã Á½t §¿Ãò¾tü Ì Àt È Ì ¸¡ ¨ Ä ¯½ ¨ Å º¡ôÀt¼× õ. 4.¯½ ¨ Å ã ý Ú Á½t §¿Ãò¾tü Ì ´ÕÓ ¨ È º¡ôÀt Î Å¾¡ø ¦º¡tÁ¡ É õ ¿ ý È¡ ¸ þÕì Ì õ. 5.º¡ôÀt¼×¼ ý Àø ÐÄì Ì Å ¨ ¾ò ¾Åt÷ì ¸ §Å ñ Î õ. 6. « ¾t ¸ Áº¡Ä¡ ¦À¡Õð ¸ ¨ Ç ¯½ Åtø §º÷òÐì ¦ ¸¡ûÅ ¨ ¾ ¾Åt÷ì ¸ §Å ñ Î õ. 7. ¸¡Ãõ ¿t ¨ Èó¾ ¯½ ¨ Å ¾Åt÷ì ¸ §Å ñ Î õ.	À¼ò ¦¾¡ Ì ôÒ ã ÄõÅtÇì ¸õ « Çtò¾ø	¸ÅÉtò¾ø ÁüÚõ ºó§¾ ¸ í ¸ ¨ Ç §À¡ ì ¸t ¦ ¸¡ û Ù ¾ø

Å. ± ñ	§¿Ãõ	Àí¸Çîôò §¿¡Ì¸í¸û	¯ûÇ¼ì¸õ	¸üÀîôÀÅ¡ý ¦ºÂø	¸üÀÅ¡ý ¦ºÂø
			8.«¾¸ ¦¸¡ØôÒ ¦À¡Õð¸û,± ñ ¨ ½Âø ¦À¡¡ò¾ ¯½ × ¦À¡Õð¸¨Ç º¡ôÀ¼ì Ü¼¡Ð. **«Êì¸Ê ºÚ¿÷ §À¡¾ø** «Ê¾¨º þÚì ÌõÀÂüº¨Â ´Õ ¿¡¨Çì Ì 10-15 ¾¼¨Å ¦ºöÂ §Å ñ Îõ.þó¾ ÀÂüº¨Â ¦ºöÅ¾¡ø «Êò¾¨º ÅÖÅ¨¼Å§¾¡ Î ºÚ ¿¦¨Ã «¼ì¸î ¦¸¡û Ùõ ¾ý¨ÁÔõ «¾¸¡î Ìõ. «Ê¾¨º þÚì ÌõÀÂüº¨Â ¸÷ôÀ½ ¦À ñ ¸ûÀ Î òÐì¦¸¡ ñ Î ºÚ¿¦¨Ã «¼ì Ì ÅÐ §À¡øÀÈôÒÚô¨ÀÀòÐ ¦¿¡Ê¸û þÚì¸ §Å ñ Îõ¦ý ¾ÇÃ Å¼ §Å ñ Îõ. ¸÷ôÀ½ô ¦À ñ ¸Ù ì Ì §ÅÚ ²§¾Ûõ «È Ì È¸û «¾¡ÅÐ ºÚ¿÷ ¸Æì Ì õ þ¼ò¾ø ±¡îºø, «¡ôÒ þÕó¾¡ø ÁÕòÐÅ¨Ã « Ï ¸§Å ñ Îõ.	À¼ò¦¾¡ Ì ôÒ ãÄõÅ¦Çì¸õ «Ç¦ò¾ø	¸ÅÉ¦ò¾ø ÁüÚõ ºó§¾¸í¸¨Ç §À¡ì¸¦ ¦¸¡û Ù¾ø

Å. ± ñ	§¿Ãõ	Àí¸Çt ôÒ §¿¡Ì¸í¸û	¯ûÇ¼ì¸õ	¸üÀt ôÀÅ¡t ý ¦ºÂø	¸üÀÅ¡t ý ¦ºÂø
			¸¨Çô¨À ¿tì¸ -¾ ñ ½÷,À¡ø,ÀÆî º¡Ú ÀÕ¸ §Å ñ Î õ -¦¸¡ï ºõ ¦¸¡ï ºÁ¡¸ã ýÚ Á½t §¿Ãò¾üÌ ´ÕÓ¨È º¡ôÀ¼ §Å ñ Î õ -þÃ× ¯Èì¸òÐ¼ý §º÷òÐ Á¾Âõ þÃ ñ Î Á½t §¿Ãõ ´ö× ± Î ì¸ §Å ñ Î õ.		
4.	2¿tÁ¼õ	¿¡ý Ì Ó¾ø ²Ø Á¡¾í¸Çtø ²üÀ Î õ ºtÚ §¸¡Ç¡Ú¸¨Ç ºÁ¡Çtì Ì õ Ó¨È¨Â ÀüÈt ÅtÅ¡tì¸	**¿¡ý Ì Ó¾ø ²Ø Á¡¾õ - þó¾ Á¡¾í¸Çtø ÅÕõ §¸¡Ç¡Ú¸û** -ÁÄî º tì¸ø -¦¿ï ¦º¡tî ºø -ÓÐ Ì ÅÄt -¦Åû¨Çô À Î ¾ø **ÁÄî º tì¸ø** 1. ¸÷ôÀt ½t ¦À ñ ¸û ¾tÉÓõ ÁÄõ ¸Ætì Ì õ ÀÆì¸ò¨¾ ²üôÀ Î ò¾ì ¦¸¡ûÇ §Å ñ Î õ. 2. ¿¡÷î ºòÐûÇ ¯½ ×ô ¦À¡Õð¸¨Ç ¯½ Åtø §º÷òÐ ì ¦¸¡ûÇ §Å ñ Î õ. «¾¡ÅÐ ¸¦¨Ã¸û,ÀÆí¸û,¸¡ö¸Èt¸û. 3. ´Õ ¿¡ÇtøÓ ýÚ Ät ð¼÷ ¾ ñ ½÷Ì Êì¸ §Å ñ Î õ.	À¼ò¦¾¡ Ì ôÒ ãÄõÅtÇì¸õ « Çtò¾ø	¸ÅÉtò¾ø ÁüÚõ ºó§¾¸í¸¨Ç §À¡ì¸t ¦¸¡ûÙ¾ø ¸ÅÉtò¾ø

Å. ± ñ	§¿Ãõ	À í ¸Çtôò §¿¡ Ì ¸ í ¸û	¯ûÇ¼ì ¸õ	¸üÀtôÀÅ¡t ý ¦ºÂø	¸üÀÅ¡t ý ¦ºÂø
			4. ±Øó¾×¼ý Á¾Á¡É Ý ðÊø¿÷ ÀÕ Ì Å¾¡ø Ì ¼ø þÂì ¸ò ¨ ¾ à ñ Î ¸tÈÐ 5.¦À¡ÐÅ¡É ¯¼üÀÂtüº t,¾tÉ Óõ ¿¼ôÀÐ,º¡tÂ¡É Ó ¨ ÈÂtø ¯ð ¸¡Õ¾ø ÁüÚõ ¿tüÀ¾tý ãÄõ ºt¨Ã¸Çtý ÅÆtÂ¡ ¸ ºtÃ¡ ¸ þÃò¾ µð¼õ ¿ ¨¼¦ÀÚ ¸tÈÐ.þ¾É¡ø ¦ÀÕ í Ì¼Ätø Åtì ¸ò ¨ ¾ ¾ Î ì ¸Ä¡õ. **¦Åû ¨ Çô À Î ¾ø** ÁÄõÁüÚõ ºtÚ¿÷ ¸Ætò¾ Àtý Àt ÈôÒÚô ¨ À ¾ ñ ½÷ Åtð Î ¸ØÅt í ò¾Á¡ ¸ ¨ÅòÐì ¦¸¡ûÇ §Å ñ Î õ. í ò¾Á¡É ¯ûÇ¡ ¨¼¸ ¨Ç « ½tÂ §Å ñ Î õ.¸¡ ¨ ÄÂtÖõ Á¡ ¨ ÄÂtÖõ ¯ûÇ¡ ¨¼¸ ¨Ç Á¡üÈ §Å ñ Î õ. ÀÕò¾t ¯ûÇ¡ ¨¼¸ ¨Ç « ½tÂ §Å ñ Î õ. ¸÷ôÀt½tô ¦À ñ ¸û ¦Åû ¨ Çô À Î ¾Ätø ¿tÈÁ¡üÈõÁüÚõ Ð÷¿¡üÈõ ¦¾ý Àð¼¡ø ÁÕòÐÅ ¨Ã « Ï ¸ §Å ñ Î õ. **ÓÐ Ì ÅÄt** 1. §¿Ã¡ ¸ ¯ð ¸¡Ã ÁüÚõ ¿tü ¸ §Å ñ Î õ.	À¼ò ¦¾¡ Ì ôÒ ã ÄõÅtÇ ì ¸õ « Çtò¾ø	ÁüÚõ ºó§¾ ¸ í ¸ ¨ Ç §À¡ ì ¸t ¦ ¸¡ û Ù ¾ø

Å. ± ñ	§¿Ãõ	À í ¸Çtôò §¿¡ Ì ¸ í ¸û	¯ûÇ¼ì ¸õ	¸üÀtôÀÅ¡t ý ¦ºÂø	¸üÀÅ¡t ý ¦ºÂø
			2. ¦À¡Õð ¸ ¨Ç à ì Ì õ §À¡Ð Ì Ét óÐ à ì ¸ ¡ÁøÓ ðÊÁÊòÐ à ì ¸ §Å ñ Î õ. 3. ³ óÐ ¸t§Ä¡Åtü Ì §ÁÄ¡É À¡Ãò ¨¾ à ì ¸ Ü¼¡Ð. 4. ¿¡ü ¸ ¡Ät Âtø ¯ð ¸ ¡Õõ §À¡Ð ÓÐ ¸tü Ì ¾ ¨ ÄÂ ¨ ½ ¸ ¨Ç ÀÂ ý À Î ò¾Ä¡õ. þ¾É¡ø ÓÐ Ì ÅÄt Ì ¨ ÈÔõ. 5. Ì ¾t ¸ ¡ø ¯Â÷ó¾ ¸ ¡Ä½t ¸ ¨Ç ÀÂ ý À Î ¾t É¡ø ÓÐ Ì ÅÄt « ¾t ¸ ¡t Ì Ì õ. 6. §Å ¨ Ä ì Ì þ ¨¼Â tø ´ ö× ± Î ì ¸ §Å ñ Î õ. 7. Áº¡ ^ /ÓÐ Ì §¾ö ò¾ø **¦¿ ï ¦º¡t Îºø** • ¦ ¸ ¡ ï ºõ ¦ ¸ ¡ ï ºÁ¡ ¸ ã ý Ú Á½t §¿Ãò¾t ü Ì ´Õ Ó ¨ È ¯ ½ ÅÕó¾ §Å ñ Î õ • º¡ôÀt¼×¼ý À Î ì ¸ ì Ü¼¡Ð. • ¦ ¸ ¡ØôÒºòÐ « ¾t ¸ õ ¿t ¨ Èó¾ ¯ ½ × ¸ ¨Ç(¦¿ö,± ñ ¨ ½) ¾Åt ÷ ì ¸ §Å ñ Î õ.	À¼ò ¦¾¡ Ì ôÒ ã Äõ Åt Çì ¸ õ « Çtò¾ø	¸ÅÉtò¾ø ÁüÚõ ºó§¾ ¸ í ¸ ¨Ç §À¡ ì ¸t ¦ ¸ ¡ û Ù¾ø

Å. ± ñ	§¿Ãõ	Àí¸Çt ô Ò §¿¡Ì¸í¸û	¯ûÇ¼ì¸õ	¸üÀt ôÀÅ¡t ý ¦ºÂø	¸üÀÅ¡t ý ¦ºÂø
			• ± ñ ¨ ½Â t ø ¦À¡¡t ò¾ ¯ ½ × ¸¨ Ç ¾Åt ÷ì ¸ §Å ñ Î õ. • « ¾t ¸õ ƒ t ø ¦Ä ý È ¦À¡Õð ¸¨ ÇÔõ, ¸¡ÃõÁüÚõ Áº¡Ä¡ ¿t ¨ Èó¾ ¦À¡Õð ¸¨ ÇÔõ ¾Åt ÷ì ¸ §Å ñ Î õ.	À¼ò ¦¾¡ Ì ôÒ ã ÄõÅt Çì ¸õ « Çt ò¾ø	¸ÅÉt ò¾ø ÁüÚõ ºó§¾ ¸í ¸¨ Ç §À¡ì ¸t ¦ ¸¡û Ù¾ø
5.	2¿t Á t ¼õ	±ð Î Á¡¾õ Ó¾ø Àò Ð Á¡¾í ¸Çt ø ²üÀ Î õ ºt Ú §¸¡Ç¡Ú¸¨ Ç ºÁ¡Çt ì Ì õ Ó¨È¨Â ÀüÈt Åt ¡t Å¡ì Ì ¸	**±ð Î Á¡¾õ Ó¾ø Àò Ð Á¡¾õ - þó¾ Á¡¾í ¸Çt ø ÅÕõ §¸¡Ç¡Ú¸û** « . ã Ä §¿¡ö ¬ . ¸¡ø º¨¾ Àt ÊôÒ þ . ¸¡ø Åt ì ¸õ ¿ÃõÒ Ò¨¼ò¾ø **ã Ä §¿¡ö** - ¾t É Óõ ÁÄõ ¸Æt ì Ì õ ÀÆì ¸ò¨¾ ¦¸¡ñ Î ÅÃ §Å ñ Î õ. - ÁÄõ ¸Æt ì Ì õ §À¡Ð Ó ì ¸t §À¡¸ì Ü¼¡Ð. « ¾É¡ø ã Ä §¿¡ö ÅÕÅ¾ü Ì Å¡öôÒ¸û « ¾t ¸õ. - Á t ¾Á¡É Ý ðÊø þ Î ôÒì Ì Çt Âø ± Î ì ¸ §Å ñ Î õ. - « ¾t ¸ ¿¡÷î ºò Ð ûÇ ¸t ¨ Ã	À¼ò ¦¾¡ Ì ôÒ ã ÄõÅt Çì ¸õ « Çt ò¾ø	¸ÅÉt ò¾ø ÁüÚõ ºó§¾ ¸í ¸¨ Ç §À¡ì ¸t ¦ ¸¡û Ù¾ø

Å. ± ñ	§¿Ãõ	Àí¸Çł ô Ò §¿¡Ì¸í¸û	¯ûÇ¼ì¸õ	¸üÀł ô À Å¡ł ý ¦ºÂø	¸üÀÅ¡ł ý ¦ºÂø
			Å¨¸¸û.ÀÆÅ¨¸¸¨Ç ¯½Åłø §º÷òÐ¦¸¡ûÅ¾¡ø ÁÄîºì¸¨Ä ¾Å÷òÐ ã Ä§¿¡Âý Å¡łÂò¨¾ Ì¨Èì¸Ä¡õ. **¸¡øº¨¾ ÀłÊôÒ** - ¸¡¨Ä¿ðÊ À¡¾ò¨¾¿ý Ì ¯ûÇłØì¸ - §Å ñ Îõ. - ¯¼üÀÂüºł ¦ºöÂ §Å ñ Îõ.¾ÉÓõ ¸¡¨ÄÂłÖõ Á¡¨ÄÂłÖõ ¿¨¼ÀÂüºł ¦ºöÂ §Å ñ Îõ. - ¸¡¨Ä¯Â÷ò¾¨ÅòÐÀÎì¸§Å ñ Îõ. - ¸¡øºłÂõÁüÚõ À¡ŠÀÃŠ «¾¸ÓûÇ ¯½×¦À¡Õð¸¨Ç (À¡ø,Óð¨¼,¸¦¨Ã Å¨¸¸û) ¯½Åłø §º÷òÐì¦¸¡ûÇ §Å ñ Îõ. **¸¡ø Åì¸õ** -þ¼Ð¨¸Àì¸Á¡¸´Õì¸Çł òÐÀÎì¸ §Å ñ Îõ.«ôÀÊ ÀÎôÀò¾É¡ø þÃò¾ µð¼õ¿ýÈ¡¸ þÕì Ìõ.«¾É¡ø ¸¡ø Åì¸õ Ì¨ÈÔõ. -¸¡¨Ä ºÁÁ¡¸¨ÅòÐ «øÄÐ ¯Â÷ò¾ ¨ÅòÐ ¯ð¸¡Ã §Å ñ Îõ. -þÚì¸Á¡É ¯¨¼¨Â «½łÂì Ü¼¡Ð.	À¼ò¦¾¡ Ì ôÒ ã ÄõÅłÇì¸õ « Çł ò¾ø	¸ÅÉł ò¾ø ÁüÚõ ºó§¾¸í¸¨Ç §À¡ì¸ł ¦¸¡û Ù¾ø

Å. ± ñ	§¿Ãõ	À í ¸Ç¦ôÒ §¿¡ Ì ¸ í ¸û	¯ûÇ¼ì ¸õ	¸üÀ¦ôÀÅ¡¦ý ¦ºÂø	¸üÀÅ¡¦ý ¦ºÂø
			¿ÃõÒ Ò¨¼ò¾ø -¸¡Ö¨È¸¨Ç « ½¦Â §Å ñ Î õ. -¸¡Öì Ì¾¨ÄÂ¨½¨Â « ñ¼ì ¦¸¡ Î ì ¸ §Å ñ Î õ. -þÚì ¸Á¡É ¯¨¼¨Â « ½¦Âì Ü¼¡Ð. -¿¦ ñ¼ §¿Ãõ ´§Ã þ¼ò¾ø ¿¦ü¸ì Ü¼¡Ð -§Å¨Ä¸Ù ì Ì þ¨¼Â¦¨¼§Â º¦È¦Ð §¿Ãõ ´ö¦Å Î ì ¸ §Å ñ Î õ. -¸¡ø §Áø ¸¡ø §À¡ð Î ¯ð¸¡Ãì Ü¼¡Ð. -Á¦¾Á¡É Í Î¾ ñ ½¦¡¦ø Ì Ç¦ì ¸ §Å ñ Î õ. -¯¼üÀÂ¦üº¦ ¦ºöÂ §Å ñ Î õ.¸¡ø ÁüÚõ À¡¾ ÀÂ¦üº¦ ¦ºöÂ §Å ñ Î õ. -Å¦ð Î §Å¨Ä¸¨Ç ¦ºöÅ¾¡ø þ Î ôÒ ¾¨º¸û ¾ÇÃî º¦Â¡¸¦ Í¸ôÀ¦ÃºÅõ ²üÀ Î Å¾ü Ì ±Ç¦¾¡¸ þÕì Ì õ.	À¼ò¦¾¡ Ì ôÒ ã ÄõÅ¦Çì ¸õ « Ç¦ò¾ø	¸Å É¦ò¾ø ÁüÚõ ºó§¾¸ í ¸¨ Ç §À¡ ì ¸¦ ¦¸¡ û Ù¾ø

ÓÊ× ¨Ã

¸÷ôÀ¸¡Äò¾ø º Ä ¸÷ôÀ½ ¦À ñ ¸ Ù ì Ì º Ú § ¸¡Ç¡Ú ¸û ²üÀ Î ÅÐ þÂü ¨ ¸.þó¾ º Ú § ¸¡Ç¡Ú ¸¨ Ç º Á¡Ç ì Ì õ Ó ¨ È ¸ ¨ Ç ÀüÈ « È ¨ Å ¸÷ôÀ½ ¦À ñ ¸ Ù ì Ì « Çò¾¡ø À ÃÎ º ¨ É ¸ ¨ Ç ¾Å÷òÐ ¬ §Ã¡ ì ¸ ÂÁ¡ É Ì Æó ¨ ¾ ¨ Â ¦Àü¦È Î ì ¸Ä¡õ.

APPENDIX-IX

SNAPSHOT OF THE PROJECT

RESEARCHER PROVIDING QUESTIONNAIRE TO PRIMI MOTHERS

RESEARCHER PROVIDING VIDEO ASSISTED TEACHING TO PRIMI MOTHER